DEPT.- 65

JOB- 21

REEL- 18

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

BEGINNING 1910

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.): Bound Book

4. Dates:

5. Volume accumulated yearly:

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period

a. In Dept.: 12 yrs.

b. In Storage Center: Micro. Perm.

c. Total: 12 yrs and Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.: 12 yrs.

b. In Storage Center: Microfilm Permanent

c. Total: 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

C82019

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82019

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2062 Woodbury Ave St.; 13th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma R. Shriner

(Residence in Baltimore: No. 2062 Woodbury Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 27 (Day), 1855 (Year)

7-AGE, 59 yrs. 11 mos. 21 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac R. Shriner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Valentine

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie M. Shriner

(Address) 2062 Woodbury Ave

15-JAN 19 1915 ROBERT . KRAUTER,
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915, to Jan 17 1915, that I saw h[er] alive on Jan 17 1915, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Veuve A Kelly M.D.

1/18, 1915 (Address) 2705 Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL, Jan. 19, 1915

20-UNDERTAKER Horace Burgee Son

ADDRESS 3631 Falls Road

B.—Every item of information should be carefully supplied. AGE should be stated CORRECTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82020

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82020

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Orleans ST. 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Strassl Jr.

(Residence in Baltimore: No. 1919 Orlean St. 44 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1870 (Year)

7-AGE, 44 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Frank Strassl

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Clara Ellinger

13-BIRTHPLACE OF MOTHER (State or Country): Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Chas. Strassl

(Address) 1919 Orleans St.

15- JAN 19 1915 REGISTRAR

Filed ....., Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1915, to Jan 19 1915, that I saw h[illegible] alive on Jan 19 1915, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

2

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward F. Cook M. D.

1/19, 1915. (Address) 1413 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL, Jan 20, 1915

20-UNDERTAKER: Jos. J. Kerr

ADDRESS 1914 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(82021) 130 (82021)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 W. Corey St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betsy Hicks.

In City 30 yrs.

Residence in Baltimore: No. 1501 W. Corey St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widowed

6-DATE OF BIRTH: November 3, 1850 (Month) (Day) (Year)

7-AGE: 64 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Assisted at house
(b) General nature of industry, business, or establishment in which employed (or employer): in light work.

9-BIRTHPLACE (State or country): Howard Co. Md

PARENTS

10-NAME OF FATHER: Nathan Richardson

11-BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

12-MAIDEN NAME OF MOTHER: Henrietta – Unknown

13-BIRTHPLACE OF MOTHER (State or country): Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Jones

(Address) 1211 N Carey St

15- JAN 19 1915 HARRY C. [illegible] Registrar

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9, 1914, to, Jan 17 1915, that I saw h[illegible] alive on January 16 1915, and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure in Compensation

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) Wm. N. Bright M. D.

January 17, 1915 [Address] 1209 Freeman St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Eldridge Md.

DATE OF BURIAL: Jan 20 1915

20-UNDERTAKER: Wm J Johnson

ADDRESS: 526 Baker St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

C82022

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82022

CERTIFICATE OF DEATH

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 644 Jasper St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Green

(Residence in Baltimore: No. 644 Jasper St.: Fifty-three yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: about Jan 1, 1861 (Month) (Day) (Year)

7-AGE: about 54 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Cambridge Dorchester Co Md.

PARENTS

10-NAME OF FATHER: Harry Pennington

11-BIRTHPLACE OF FATHER (State or country): Cambridge Dorchester Md.

12-MAIDEN NAME OF MOTHER: Annie Chase

13-BIRTHPLACE OF MOTHER (State or country): Cambridge Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Green

(Address) 644 Jasper St

15 JAN 19 1915 ROBERT ZRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 19th, 1915 (Month) (Day) (Year)

17.) I HEREBY CERTIFY, That I attended deceased from January 16th, 1915, to January 19th, 1915, that I saw h[er] alive on January 18th, 1915, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

(Broncho Pneumonia)

(Duration) ? yrs. mos. 5 ds

Contributory (SECONDARY) Rheumatism

(Duration) ? yrs. mos. ds

(Signed) [illegible] M. D.

January, 1915 (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Post Cremation — DATE OF BURIAL: Jan 19, 1915

20-UNDERTAKER: J. H. Bishop — ADDRESS: 117 N Howard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82023

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82023

CERTIFICATE OF DEATH

104

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1713 Mellinman ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T Chesler

(Residence in Baltimore: No. 1713 Mellinman St.; yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: colord

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James Cerry

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Chester

13-BIRTHPLACE OF MOTHER (State or country): Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Chester

(Address) 1713 Mellinman st

15- JAN 19 1915 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to Jan 18 1915, that I saw h.. alive on Jan 18, 1915, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Convulsions
acute Indigestion

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alex S Eagle M. D.

1/19, 1916 (Address) 7094 Belway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel cemetery

DATE OF BURIAL: Jan 19, 1915

20-UNDERTAKER: R G Gross

ADDRESS: 1705 Mosher st

C82024

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C82024

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 507 N. Brice ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Joshua Raymond Logue Jr.

(Residence in Baltimore: No. 507 N. Brice ST.; yrs. mos. ds.)

8 hours

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 18, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 8 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Joshua Raymond Logue

11-BIRTHPLACE OF FATHER (State or country): Hagerstown Md.

12-MAIDEN NAME OF MOTHER: Clara B V. Briggs.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joshua Raymond Logue

(Address) 507 Brice St

15. JAN 19 1915 Filed ..... 191 ROBERT . KRAUTER, Registrar Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1915, to Jan 19 1915.

that I saw h alive on Jan 18, 1915.

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Premature delivery

7 months

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. Edward Cummins, M. D.

Jan 19, 1915 (Address) 2109 Harrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Jan 20, 1915

20-UNDERTAKER: W Pickett & Son

ADDRESS: Pennsylvania Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82025 C82025

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (Or) Maryland General Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie W Parker

(Residence in Baltimore: No. 2217 Etting St St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept ....., 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Wm Stanley

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Nettie Parker

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Parker

(Address) 2217 Etting St

15- Filed JAN 19 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1915, to Jan 18 1915, that I saw h-er alive on Jan 18 1915, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Improper Artificial Feeding

(Duration) —yrs. 2 mos. 14 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John L. Frankenberg M. D.

1/18/15, 191.. (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 19, 1914

20-UNDERTAKER John H Toadvine — ADDRESS 1430 Fulton St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82026

CERTIFICATE OF DEATH.

50 C82026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Graham

(Residence in Baltimore: No. 419 S. Eden St St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, unknown (Month) (Day) 1864 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Winston Jones

(Address) 311 S. Bethel St

15-

Filed JAN 19 1915 101 HOERR, KRAUTER, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to Jan. 18 1915.
that I saw h him alive on Jan. 18 1915
and that death occurred, on the date stated above, at 8.40a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Unknown

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Jan 18 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? 419 S. Eden St

Former or usual residence 419 S. Eden St

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, Jan 21, 1915

20-UNDERTAKER John W. Henderson

ADDRESS 514 N. Carey St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82027

CERTIFICATE OF DEATH.

92 82027

1-PLACE OF DEATH 9

REGISTERED NO. C

CITY OF BALTIMORE: (No. 230 N. Fremont Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Genevieve Van Leeuwen

(Residence in Baltimore: No. 230 N. Fremont Ave St.; 5 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 1st 1909, 1 (Month) (Day) (Year)

7-AGE, 5 years ... yrs. 11 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Home~~
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Theodore Van Leeuwen

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER Ada E. Evans

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada E. Van Leeuwen

(Address) 230 N. Fremont Ave

15- SECRETARY. KRAUTER

Filed JAN 19 1915 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Jan 18 1915, that I saw h— alive on Jan 17 1915, and that death occurred, on the date stated above, at 8 11 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Coronary Arthritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. Wenckebach M. D.

Jan 19, 1915 (Address) 741 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetery Germans St

DATE OF BURIAL, Jany 20th, 1915.

20-UNDERTAKER Henry W. Jenkins & Sons Co.

ADDRESS McCulloh & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82028

C82028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mary Gen'l Hosp St.; 22 WARD) REGISTERED No. C 40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brenner Sr.

(Residence in Baltimore: No. 44 E. Montgomery St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. December 5, 1844 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 1 mos. 14 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Employment Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Solomon Brenner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Brenner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William Brenner Jr.
(Address) 44 E. Montgomery St.

15-
Filed JAN 19 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 16 1915, to Jan 17 1915, that I saw him alive on Jan 17 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ....yrs....mos. 1/2 ds.

CONTRIBUTORY (Secondary) Aortic Stenosis

(Duration) ....yrs. 2 mos.....ds.

(Signed) H. Silverstone M. D.

1915 (Address) Mary Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 44 E. Montgomery St

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Jan 20, 1915

20-UNDERTAKER Chas E. Franck ADDRESS 802 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

C82029

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 C82029

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Koons.

(Residence in Baltimore: No. 132 N Castle St. St.; 1 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 14, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Morris Koons

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fanny Down

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... A. B. Causey.....

(Address)..... Johns Hopkins Hosp.....

15-JAN 19 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 16 1915, to January 18 1915, that I saw him alive on January 15 1915, and that death occurred, on the date stated above, at 5.55 p. m.

The CAUSE OF DEATH* was as follows:

..... Influenzal meningitis .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Alwa S. Rothbath ..... M. D.

Jan. 19, 1915. (Address) ..... J. H. Hosp. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 1 yrs. 7 mos. 4 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 132 N. Castle St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Jan 19, 1915

28-UNDERTAKER Jack Levin

ADDRESS 1419 E Balt

Spec.—5-19-13—M. & T.—500 Bks.

C82030 C82030

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 458 Federal ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Wise Winfield

(Residence in Baltimore: No. 458 Federal St.; C yrs., 0 mos. 0 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Jan. (Month) 17 (Day), 1915 (Year)

7-AGE: 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 16 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Jesse Wise

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Catherine Winfield

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Winfield

(Address) 458 Federal St.

15- Filed JAN 19 1915, 191.....

HARRY O. JANDRUS
Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 17 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Jan 17 1915, that I saw him ~~alive~~ on Jan 17 1915, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Smith M. D.

Jan 18, 1915. (Address) Liberty Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? 458 Federal St

Former or usual residence 459 Federal St

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL. DATE OF BURIAL: JAN 19 1915

20-UNDERTAKER ADDRESS

Commissioner Health

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

C82031

HEALTH DEPARTMENT—CITY OF BALTIMORE

170 C82031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Maryland General St. Hospital WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Jones

(Residence in Baltimore: No. 1020 Russell Terrace St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, ...Unknown.... (Month) (Day) (Year)

7-AGE, 45 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....

(Address) ....

15- JAN 19 1915 HARRY O. ANDERSON Clerk
Filed ....., 191.. Special Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1915, to Jan. 17, 1915, that I saw him alive on Jan. 17, 1915; and that death occurred, on the date stated above, at 2.25 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) ?yrs. ?mos. ?ds.

(Signed) Chas. C. Cypes M. D.

Jan. 17, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 1020 Russell Terrace

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, JAN 19 1915

20-UNDERTAKER ....

ADDRESS ....

Commissioner Health.

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

C82032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82032

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Barclay ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Speight

(Residence in Baltimore: No. 2238 Barclay St.: 5 yrs. 5 mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June (Month) 20 (Day), 1839 (Year)

7-AGE: 71 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Assistant Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): in U. S. Navy.

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Jeremiah T. Speight

11-BIRTHPLACE OF FATHER (State or Country): Virginia.

12-MAIDEN NAME OF MOTHER: Maria T. Stephenson

13-BIRTHPLACE OF MOTHER (State or Country): Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Le Roy L. Speight

(Address) 2238 Barclay St.

15- JAN 19 1915 Filed ..... 191... HARRY O. ANDREWS, Burial Permit Officer. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1914, to January 191 5, that I saw h[illegible] alive on January 18 191 5, and that death occurred, on the date stated above, at 8½ A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia (Duration) yrs. mos. 2 ds.

(Signed) Fremont G. Starr M. D.

January 18 1915. (Address) 218 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Jan 20, 1915

20-UNDERTAKER: Geo W Little — ADDRESS: 531 A Fremont Ave

C82033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82033

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1138 E. North Av St.: 9 WARD)

2 FULL NAME Elizabeth Atkinson

(Residence in Baltimore: No. 1138 E. North Av St.: yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 1853 (Month) (Day) (Year)

7 AGE: 61 yrs. 9 mos. X ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Hindes

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Iron

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Atkinson

(Address) 1138 E. North Ave

15 Filed JAN 19 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: JAN 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from JAN 17, 1915, to JAN 18, 1915, that I saw her alive on JAN 18, 1915, and that death occurred, on the date stated above, at 2.50 AM m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) X yrs. X mos. 15 hrs ds

Contributory (SECONDARY) Passive Congestion of Liver

(Duration) — yrs. — mos. — ds.

(Signed) O. H. Dukar M. D.

Jan 19, 1915 (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Jany 20, 1915

20 UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82034

CERTIFICATE OF DEATH.

28 C82034

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Presstman ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Williams

(Residence in Baltimore: No. 1619 Presstman St.; 26 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec - 12 - 1888
(Month) (Day) (Year)

7-AGE, 26 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Chas H Williams

11-BIRTHPLACE OF FATHER (State or Country), Wash. Co Md

12-MAIDEN NAME OF MOTHER Lizzie Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Williams

(Address) 1619 Presstman

15-

Filed JAN 19 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan - 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1914, to Jan 18 1914, that I saw him alive on Jan 17 1914, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) 1/2 yrs. — mos. — ds.

(Signed) H. C. Link M. D.

Jan 19, 1915. (Address) 1338 N Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Guilford Mills DATE OF BURIAL, Jan 20 1915

20-UNDERTAKER Jno. Bral ADDRESS

Jones & Dennis 503 Pennsa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82035 HEALTH DEPARTMENT—CITY OF BALTIMORE. 64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Poplar Grove St.; 15 WARD)

REGISTERED No. C82035

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Weller

(Residence in Baltimore: No. 1815 Poplar Grove St.; 73 yrs. 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Sept (Month) 11 (Day), 1840 (Year)

7-AGE, 74 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Melchois Weller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William P. Weller

(Address) 1815 Poplar Grove St

15- Filed JAN 19 1915 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1914, to Jan 18 1915, that I saw him alive on Jan 18 1915, and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

About 2 yrs. mos. ds. (Duration)

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

About 1 hr (Duration) yrs. mos. ds.

(Signed) Henry C Ohle M. D.

Jan 19, 1915. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, General Ridge Cem. DATE OF BURIAL, Jan 21, 1915.

20-UNDERTAKER Jos Jacobsen Son ADDRESS 217 S. Bro

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82036

CERTIFICATE OF DEATH.

* 32 C82036

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Smyth

(Residence in Baltimore: No. West River Md St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) — (Day) — (Year) 1887.

7-AGE,	If LESS than 1 day,
27 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Georgiana Strudmore

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith

(Address) West river Md.

15-

Filed JAN 19 1915, 191.. HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jany (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1914, to Jany 18 1915, that I saw h-im alive on Jany 18 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Spine (Duration) 2 yrs. — mos. — ds.

(Signed) R L Johnson M. D.

Jany 18, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 19 ds. In the State 27 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? West river Md

Former or usual residence West River Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
West river Md.	Jan 20, 1915
20-UNDERTAKER Samuel T. Hemsley.	ADDRESS 578 W Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82037

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82037

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 E. Preston St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Leon Hitchens Jr.

(Residence in Baltimore: No. 1716 E. Preston St.; 1 yrs. 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Nov. (Month) 13 (Day), 1913 (Year)

7-AGE: 1 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore City Md.

PARENTS

10-NAME OF FATHER James Leon Hitchens

11-BIRTHPLACE OF FATHER (State or country) Balto. Md.

12-MAIDEN NAME OF MOTHER Ruth Hubers

13-BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Leon Hitchens

(Address) 1716 E. Preston St

15- JAN 19 1915 Filed ..... 191 .....

HARRY O. ANDERSON, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1915, to, Jan. 19 1915, that I saw h.im alive on Jan. 19 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Apparently an acute rapidly fatal pneumonia with marked toxemia)

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), Edgar P. Landrock M. D.

Jan. 19 1915 [Address] 1407 W. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Lion. Cem. DATE OF BURIAL: Jan 20th 1915

20-UNDERTAKER: Geo M. Fink ADDRESS: 811 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C82038

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Hull ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph a. McNally

(Residence in Baltimore: No. 1402 Hull St

St.: 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 18 (Day), 1892 (Year)

7-AGE, 22 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ship builder
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward Mc Nally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Crighan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Mc Nally

(Address) 1451 Covington St.

15-

Filed JAN 19 1915, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1914, to Jan 17 1915, that I saw him alive on Jan 16 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Maurice Jones M. D.

Jan 17, 1915 (Address) 423 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan 20, 1915

20-UNDERTAKER H. & M. J. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C82039

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Tatum

(Residence in Baltimore: No. 1134 Russell St. St.; 49 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 10, 1865.
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Lewis Callie

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Almitta May

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvina Tatum

(Address) 1137 Russell St

15 JAN 20 1915. ROBERT J. KRAUTER,
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1914, to Jan. 16, 1915, that I saw her alive on Jan. 16, 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (Secondary) Grip

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. Solis Cohen M. D.

Jan 19 1915 (Address) 707 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Ct	Jan. 22, 1915
20-UNDERTAKER	ADDRESS
L. C. Brown & Son	1128 W. Lexington St

N. B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82040

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

'PLACE OF DEATH — 21 — C82040 — REGISTERED No. C

CITY OF BALTIMORE (No. 804 Ridgely St St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Gannon

(Residence in Baltimore: No. 804 Ridgely St St.: yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 1st, 1914 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Gannon

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Ross

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. Gannon

(Address) 804 Ridgely St

15 JAN 20 1915 Filed ....., 191.... [illegible] KRAUTER, Burial Permit [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1915, to Jan. 18 1915, that I saw h[illegible] alive on Jan. 18, 1915, and that death occurred, on the date stated above, at 2 5 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. M[illegible] Fuhrman M.D.

Jan. 19 1915 (Address) 687 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Jan. 20, 1915

20-UNDERTAKER: Jas. Pilgram & Son — ADDRESS: 1005 S. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

C82041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C82041

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Freemont Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Wegner

(Residence in Baltimore: No. 2405 Freemont Ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Nov 29 (Month) (Day), 1848 (Year)

7-AGE. 66 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Jacob

11-BIRTHPLACE OF FATHER (State or Country). Ger.

12-MAIDEN NAME OF MOTHER Emma Dubl

13-BIRTHPLACE OF MOTHER (State or Country). Ger

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Schofer

(Address) 719 Elmwood Ave

15- Filed JAN 20 1915, 191.. ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1914, to Jan 18 1915, that I saw h[illegible] alive on Jan 17 1915, and that death occurred, on the date stated above, at 11-30 A.m.

The CAUSE OF DEATH* was as follows:

.....

Arteriosclerosis & Cystitis

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

..... (Duration) 1 yrs. 7 mos. 4 ds.

(Signed) ..... M. D.

Jan 18, 1915. (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Pt Lookout

DATE OF BURIAL, Jan 20, 1915

20-UNDERTAKER J. J. Cook

ADDRESS Fort & Lemmon Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082042

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 082042

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 332 Dover St.: 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lulu White

(Residence in Baltimore: No. 332 Dover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Wilson

(Address) 430 Eden St

15- JAN 20 1915 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) J. F. Peters M. D. (Coroner)

Jan 14, 1915 (Address) 413 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 21 1915

20-UNDERTAKER Wesley Wilson ADDRESS 609 Lillie Place

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82043 — 61 — C82043

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2210 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Lynch

(Residence in Baltimore: No. 2210 E Biddle St.; ---yrs. 10 mos. ---ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~

6-DATE OF BIRTH: February 12 (Month) 12 (Day) 1914 (Year)

7-AGE: --- yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): University of Maryland Hospital (Hospital)

PARENTS

10-NAME OF FATHER: Not Known to me (Infant)

11-BIRTHPLACE OF FATHER (State or country): Not Known.

12-MAIDEN NAME OF MOTHER: Elizabeth Lynch

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth Lynch

(Address) 2210 E Biddle St

15- FILED JAN 20 1915 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 18 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 13, 1915, to, January 18 1915, that I saw h[er] alive on January 18 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) --- yrs --- mos. 7 ds.

Contributory (SECONDARY) Exhaustion

(Duration) --- yrs. --- mos. 4 ds.

(Signed) Hayward Westbrook M. D.

January 15, 1915 [Address] 1615 Gorsuch Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Jan 21, 1915

20-UNDERTAKER: Henry Heuchs Son — ADDRESS: 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C82044 HEALTH DEPARTMENT—CITY OF BALTIMORE 152 C82044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Brooks

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, November (Month) 26 (Day), 1913 (Year)

7-AGE, yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed JAN 20 1915, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st 1915, to January 17th 1915, that I saw her alive on January 17th 1915, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition and Mal assimilation

(Duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Atelectasis (Congenital).

(Duration) yrs. mos. ds.

(Signed) Leonard M. C. Parker M. D.

Jan. 18, 1915. (Address) 825 N. Dulaney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 21 ds. In the State yrs. 1 mos. 21 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 20, 1915

20-UNDERTAKER: Westcott Fahey & Sons — ADDRESS: Lafayette Ave

N.B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82045

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82045

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1633 Ashburton St. 16 Ward)

REGISTERED No. C 79

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maybell Manger

(Residence in Baltimore: No. 1633 Ashburton St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 22, 1904 (Month) (Day) (Year)

7 AGE: 10 yrs. 9 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Frank Manger

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Estella Stueller

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Estella Manger

(Address) 1633 Ashburton St

15 JAN 20 1915

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 18, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1914, to Jan 18 1915, that I saw h[illegible] alive on Jan 18 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY): Valvular Heart Disease

(Duration) 2 yrs. mos. ds.

(Signed) Chas. E Parker M. D.

1-19, 1919 (Address) 3116 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Jan 21, 1915

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 608 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82046 HEALTH DEPARTMENT—CITY OF BALTIMORE C82046

CERTIFICATE OF DEATH.

REGISTERED NO. C 109

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Summers Tabler

(Residence in Baltimore: No. 1504 Covington St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 6, 1848 (Month) (Day) (Year)

7-AGE, 66 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R. R. Retired

9-BIRTHPLACE, (State or Country), West Va.

PARENTS.

10-NAME OF FATHER, Adam M. Tabler

11-BIRTHPLACE OF FATHER (State or Country), West Va.

12-MAIDEN NAME OF MOTHER Elizabeth Butts

13-BIRTHPLACE OF MOTHER (State or Country), West Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Tabler (Wife)

(Address) 1504 Covington St

15- JAN 20 1915 191.

NOTARY'S CERTIFICATE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 14 1915 to Jany 19 1915, that I saw h[illegible] alive on Jany 19 1915, and that death occurred, on the date stated above, at 8-55 P m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis
Sup. acute Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction and Perforation

(Duration) yrs. mos. 10 ds.

(Signed) R. L. Johnson M. D.

Jany 19, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State 19 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 1504 Covington St.

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Jan 22, 1915

20-UNDERTAKER Edw. L. Fanning ADDRESS 1460 Bathg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82047

CERTIFICATE OF DEATH.

169 C82047

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Wharf near Pier 2, Canton) V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phineas Cohen

(Residence in Baltimore: No. 17 S. Broadway St.; yrs., 23 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) (Day) 1892 (Year)

7-AGE, 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Max Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Cohen

(Address) 601 S. Broadway

15- FILED JAN 20 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
(the launch in which he was a passenger was upset by a tug boat running into it.)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Moses W. Savage, M. D. (Coroner.)

Jan 20, 191 5 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Comfort — DATE OF BURIAL, 1.22. 19.15

20-UNDERTAKER Jack Levin's — ADDRESS 1919 E Balto

C82048

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82048

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1119 Aisquith ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Reddall

(Residence in Baltimore: No. 1119 Aisquith St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 14 (Day), 1847 (Year)

7-AGE: 67 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John M. Reddall

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Ellen Jones

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Reddall

(Address) 1730 E. Eager

15- Filed JAN 20 1915 191... ROBERT J. KRAUTHS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1914, to Jan 18th 1915, that I saw h... alive on Jan 18th 1915, and that death occurred, on the date stated above, at 9.0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. 1 mos. 7 ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Lemuel Tom C. Parker M. D.

Jan 19 1915 [Address] 1051 Aisquith

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemy — DATE OF BURIAL: Jan 22, 191 5

20-UNDERTAKER: Fiebeler & Fiebeler — ADDRESS: 1738 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82049

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82049

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2442 Buchanan St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2-FULL NAME Marie Claytonia Webb

(Residence in Baltimore: No. 2442 Buchanan St.; 12 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 2 1900 (Month) (Day) (Year)

7-AGE: 15 yrs. ..... mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Othoe Webb

11-BIRTHPLACE OF FATHER (State or country): Harford Co Md

12-MAIDEN NAME OF MOTHER: Mamie L. Tucker

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Othoe Webb

(Address) 2442 Buchanan St

15-

Filed JAN 20 1915 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 18 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 16, 1914, to Jan 18 1915, that I saw her alive on January 17 1915, and that death occurred, on the date stated above, at 2.25 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs 11 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Wm N Wright M. D.

Jan 18 1915. [Address], 1209 Pleasant St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Jan 20 1915
20-UNDERTAKER	ADDRESS
John F Owens	1112 Druid Hill Ave

C82050

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82050

CERTIFICATE OF DEATH

120

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1925 Edmondson Avenue St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lyman A. Meacham

(Residence in Baltimore: No. 1925 Edmondson Avenue St.: 15 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: November 28, 1851
(Month) (Day) (Year)

7 AGE: 63 yrs. 1 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cabinet Maker.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Boston, Massachussetts.

PARENTS

10 NAME OF FATHER: Calvin Meacham

11 BIRTHPLACE OF FATHER (State or country): Massachussetts

12 MAIDEN NAME OF MOTHER: ? Leonard

13 BIRTHPLACE OF MOTHER (State or country): Massachussetts

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. O. Hartlow per H.W.O

(Address) 1925 Edmondson Avenue

15 Filed JAN 20 1915, 191

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 23, 1914, to January 17 1915, that I saw him alive on January 17, 1915, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs. one mos. 26 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. M. Stevenson M. D.

Jan 18, 1915 (Address) 1022 Mt Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 21st 1915

20 UNDERTAKER: H. Williams & Son

ADDRESS: 1723 W Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82051

CERTIFICATE OF DEATH.

17C82051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2644 N. Guilford ave St.; 12th WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Weiss

(Residence in Baltimore: No. 2644 N. Guilford ave St.; ..yrs.,..mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 31st, 1833
(Month) (Day) (Year)

7-AGE, 81 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo. Wimmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Nolsen

(Address) 2644 N Guilford ave

15- JAN 20 1915 Filed..... ROBERT . ERAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6th 1915, to Jan 19th 1915, that I saw her alive on Jan 19 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

General debility & exhaustion
hastened by a fracture of
the surgical part of the neck of
the Femur, two weeks ago
(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Accidental Fall

(Duration) ..yrs. 2 mos. ..ds.

(Signed) W. H. Fuller M. D.

Jan 20, 1915. (Address) 17 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemy. DATE OF BURIAL, Jan 21, 1915

20-UNDERTAKER John R Moran ADDRESS Bank & Aisquith

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82052 HEALTH DEPARTMENT—CITY OF BALTIMORE C82052

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Ryan ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarett Snoops

(Residence in Baltimore: No. 915 Ryan St St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May (Month) 14 (Day), 1866 (Year)

7-AGE, 48 yrs. 8 mos. 4 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Thomas Bomd

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Horrigan

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Snoops

(Address) 915 Ryan St

15- Filed JAN 20 1915 191 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Jan 18 1915, that I saw h alive on 191, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis Acute

(Duration) yrs. mos. 2 ds.

(Signed) M. D.

Jan 19, 191 5 (Address) 517 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Fondon Park — DATE OF BURIAL, Jan 21, 191 5

20-UNDERTAKER: John A Moran — ADDRESS Bank Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082053

HEALTH DEPARTMENT---CITY OF BALTIMORE

082053

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 1837 N Gombard St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Millie Norman

(Residence in Baltimore: No. 1837 N Gombard St.; ..... yrs. ..... mos. ..... ds.)

Removed to Tuberculosis Camps Curation as Amanda Millie Norman

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 1 (Day) 1873 (Year)

7-AGE: 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housemaid R
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William E Norman

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Margaret .....

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. E Norman

(Address) 1837 N Gombard

15 JAN 20 1915 Filed 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR C. F. Ellcomb

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13, 1915, to Jan 18 1915, that I saw h.. alive on Jan 17 1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A Coe M. D.

Jan 20, 1915 [Address] 22 S Gulton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 21, 1915

20-UNDERTAKER: C. F. Ellcomb

ADDRESS: 1431 N. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82054

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82054

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Armstrong

(Residence in Baltimore: No. 164 Dolphin St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 1 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Alexander Armstrong

11-BIRTHPLACE OF FATHER (State or Country), St Thomas W.I.

12-MAIDEN NAME OF MOTHER Louise Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), D K Ky Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Armstrong

(Address) 164 Dolphin St

15- Filed JAN. 20. 1915 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1915, to Jan 19 1915, that I saw him alive on Jan 19 1915, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ....yrs. ....mos. 7 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Fabian S. Fenton M. D.

1/19, 1915 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence 164 Dolphin st

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan. 20, 1915

20-UNDERTAKER Felix B. Pye.

ADDRESS 102 E. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 08205

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 W. Monument ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Jane Coon

(Residence in Baltimore: No. 222 W. Monument St.; ... yrs., 1 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. (Month) 25th (Day) 1837 (Year)

7-AGE, 77 yrs. 1 mos. 28 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joshua Yingling

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Shriver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J. Keller

(Address) 222 W. Monument St.

15- Filed JAN 20 1915, 191... ROBERT ... Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ... Jan. (Month) 20th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25th 1914, to Jan 20th 1915, that I saw h[er] alive on Jan 20th 1915, and that death occurred, on the date stated above, at 4[15] Pm.

The CAUSE OF DEATH* was as follows:

Mammary carcinoma with general metastasis (Clinical diagnosis)

(Duration) 15 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas J. Keller M. D.

Jan 20th, 1915. (Address) 222 W. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 28 ds. In the State 77 yrs. 1 mos. 28 ds.

Where was disease contracted, if not at place of death? Westminster, Md.

Former or usual residence Westminster, Md.

19-PLACE OF BURIAL OR REMOVAL, Westminster Md. DATE OF BURIAL, Jan 20, 1915.

20-UNDERTAKER W. W. Rinehart ADDRESS 230 W. Green

Spec.—5-19-13—M. & T.—500 Bks.

C82056

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82056

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Pontier

(Residence in Baltimore: No. 1620 W. Mulberry St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Dec 2d, 1913 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Harry J. Pontier

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Nellie M. Van Holten

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Harry J. Pontier

(Address): 1620 W. Mulberry

15- JAN 20 1915 ROBERT J. KRAUTHE, Filed ..., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12th 1915, to Jan 18th 1915, that I saw him alive on Jan 18th 1915, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary): Exhaustion

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. Mitchell M. D.

Jan. 19th 1915. (Address) 401 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL, Jan 21, 1915

20-UNDERTAKER: John F. Fields — ADDRESS 1200 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82057

CERTIFICATE OF DEATH.

5-92

C82057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Aisquith ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edel Dansky.

(Residence in Baltimore: No. 111 Aisquith St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Male	white	Widowed

6-DATE OF BIRTH, Unkown, 1
(Month) (Day) (Year)

7-AGE, 80 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Labie Dansky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Labie Dansky

(Address) 111 Aisquith St.

15- Filed JAN 20 1915 191... ROBERT J. KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1915, to Jan 19 1915, that I saw him alive on Jan 19 1915, and that death occurred, on the date stated above, at 1. a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (R. side)

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Heart exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Benjamin L. Warman, M. D.

Jan 20, 1915 (Address) 123 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cem. DATE OF BURIAL, Jan 20, 1915

20-UNDERTAKER B. Lerman & Bro ADDRESS 107 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82058

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82058

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1402 Jefferson ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Myers

(Residence in Baltimore: No. 1402 Jefferson St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	Married

6-DATE OF BIRTH — — 1881
(Month) (Day) (Year)

7-AGE 34 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Alton

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Harry Myers

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Maggie Myers

(Address) 1402 Jefferson

15- JAN 20 1915 Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 —, 1914, to, Jan 18 — 1915, that I saw him alive on Jan 18 — 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pul Tuberculosis

(Duration) — yrs — mos. 3 ds.

Contributory (SECONDARY)

(Duration) — yrs — mos. 9 ds.

(Signed) H. E. Davis M. D.

Jan. 20 — 1916 [Address] 1416 W Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan. 22 191 5

20-UNDERTAKER: Chas. A. Bailey — ADDRESS: 1422 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82059

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82059

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.: 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Reilley

(Residence in Baltimore: No. Little Sisters of the Poor St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH 20th (Month) Jan. (Day), 1835 (Year)

7-AGE 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Harford Co. Md.

PARENTS

10-NAME OF FATHER Joshua Reilley

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Eliza Martin

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 20 1915 Filed ..... 191. NORMAN . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~November~~ ....., 191..., to ....., 191...., that I saw him alive on January 17 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

1 week (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J A Bowen M. D.

January 20, 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 6 yrs. 6 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Cross — DATE OF BURIAL Jan 22 1915

20-UNDERTAKER H. C. Weidefeld — ADDRESS 941 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82060 **CERTIFICATE OF DEATH.** × 130 C82060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Cole

(Residence in Baltimore: No. Nunnery Lane, Catonsville Md St.: .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 67 yrs. mos. da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 20 1915 191... Registrar. ROBERT J. KRAUTH Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan., 19, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1915, to Jan 19 1915, that I saw h[illegible] alive on Jan 19 1915, and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Interstitial Nephritis

.....

..... (Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) yrs. 2 mos. 2 Weeks da.

(Signed) H. H. M. Vazner M. D.

Jan 19, 191... (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Nunnery Lane Catonsville Md

Former or usual residence Nunnery Lane Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 20 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

PER WM. F. WOODALL

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

95

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82061 C82061

CERTIFICATE OF DEATH.

REGISTERED NO. C 99

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Steer

(Residence in Baltimore: No. 1525 N. Broadway St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: January 8th (Month) (Day), 1844 (Year)

7-AGE: 71 yrs. ... mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Furniture Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): A. W. Steer + Bro.

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: William Steer

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Mary J. Adams

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. A. Steer

(Address) 1525 N. Broadway

15- Filed JAN 20 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1915, to Jan 19 1915, that I saw h[im] alive on Jan 19 1915, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

(Uremia - Sclerosis, High Blood Pressure, Cardiac Failure). (Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Wm T. Watson M. D.

Jan. 20, 1915. (Address) 712 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Jan. 22nd, 1915.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument st

Spec.—5-19-13—M. & T.—500 Blks.

C82062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 80

C82062

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 N. Bond ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Kleiber

(Residence in Baltimore: No. 1329 N. Bond St.: 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 11th, 1868 (Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Kleiber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bertha Baer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lena Lucker

(Address) 1329 N. Bond St

15- Filed JAN 20 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5th 1915, to January 15th 1915, that I saw him alive on " " 1915, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

and Interstitial Nephritis

with Hypertrophy of heart

(Duration) yrs. mos. ds.

CONTRIBUTORY. Uremia (Secondary)

(Duration) yrs. mos. 4 ds.

(Signed) Amelia V. Zimmerman M. D.

Jan. 19, 1915. (Address) 1805 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan. 21st, 1915
20-UNDERTAKER	ADDRESS
George J. Schilling & Sons	1126 E. Monument

Spec.—5-19-13—M. & T.—500 Bks.

C82063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C82063

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Lacey

(Residence in Baltimore: No. 17 S. Carey St St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1854 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Lacey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Katherine (?)

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hospital

(Address)..... Local

15-

Filed..... JAN 20 1915, 191.....

HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

13-DATE OF DEATH, ... Jan. (Month) 20 (Day), 1915 (Year)

14- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 20 1915, that I saw h[illegible] alive on Jan 20 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) ..... yrs. ..... mos. Over 1 year ds.

CONTRIBUTORY..... (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

Jan 20, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? 178. Carey st

Former or usual residence 178 Carey St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL. Jan 22, 1915

20-UNDERTAKER John J Cowan

ADDRESS 901 Fulton

082064

HEALTH DEPARTMENT—CITY OF BALTIMORE

79/082064

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1671 W. NORTH AVENUE; ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME SOPHIE LEOPOLD,

(Residence in Baltimore: No. 1671 W. NORTH AVENUE; St.; yrs., 48 years, ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, October (Month) 12th (Day), 1848. (Year)

7-AGE, 66 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, David Israel,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Caroline Bamberger,

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Gutman, son-in-law,

(Address) 1671 W. North avenue.

15- HARRY C. ANDREWS, Assistant Clerk.

Filed JAN 20 1915, 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

ACUTE CARDIAC DILATATION.

(Duration) DEATH SUDDEN. hrs. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) F. Frederick Kempel (Coroner) M. D.

Jan. 20, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship DATE OF BURIAL, 1/23/15

20-UNDERTAKER David Bondheim ADDRESS 18 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C82065

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2054 Eastern Ave St.; 7 WARD) REGISTERED NO. C

2-FULL NAME Mary Reese

(Residence in Baltimore: No. 2054 Eastern Ave St.: 63 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 7, 1831 (Month) (Day) (Year)

7-AGE, 83 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Follitt

(Address) 2017 Eastern Ave

15- JAN 20 1915 Filed ....., 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to Jan 15 1915, that I saw her alive on Jan 17 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Bronchitis

(Duration) 1 yrs. mos. ds.

(Signed) Herman J. Essig M. D.

Jan 19 1915 (Address) 1904 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Jan 21, 1915.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C82066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82066

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brown

(Residence in Baltimore—No. 1412 Mullikan St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 7, 1877
(Month) (Day) (Year)

7-AGE 37 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Huckster
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md. Balto City

PARENTS.

10-NAME OF FATHER, Geo. Brown.

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Mary Parken

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Phelps

(Address) Johns Hopkins Hosp.

15- Filed JAN 20 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1915, to Jan 19 1915, that I saw h[illegible]live on Jan. 19 1915, and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Stanhope Bayne-Jones, M. D.

Jan., 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1412 Mullikan

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 23 1915

20-UNDERTAKER Harry A. Vodery ADDRESS 1225 Orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82067

CERTIFICATE OF DEATH.

64 C82067

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Tesser ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cook

(Residence in Baltimore: No. 813 Tesser St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Cd

5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, ... 1865 (Month) ..... 1 (Day) ..... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va " "

PARENTS.

10-NAME OF FATHER, Joseph Joyner

11-BIRTHPLACE OF FATHER (State or Country), Va " "

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Cook

(Address) 813 Tesser St.

15- Filed JAN 21 1915 191.. BURIAL PERMIT . KRAUTH Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19 (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1915, to Jan. 18 1915, that I saw h[illegible] alive on Jan. 19 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

(Acute diagnosis)
Fr. Gradual Coma
Hemorrhage
..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) ? Tumor of Brain (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) A. Lee Cole M. D.

Jan 20, 1915. (Address) 72 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan. 22, 1915.

20-UNDERTAKER Samuel T. Hemsley — ADDRESS 578 W. Biddle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82068

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82068

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Brown

(Residence in Baltimore: No. Chester Sta. Md St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 5th (Day) 1841 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oysterman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Neal Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER May Sanders

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Brown Jr.

(Address) Chester Md

15-
Filed JAN 21 1915 191.....
ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/21 - 1914, to 1/20 - 1915; that I saw h[illegible] alive on Jan 20 1915; and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

.....

.....

(Duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 3 yrs. 7 mos. ds.

(Signed) [illegible] M. D.

1/20..., 1915 (Address) Chester Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 30 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Chester, Md

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Chester Sta. Md

DATE OF BURIAL, Jan 21., 1915

20-UNDERTAKER Geo M. Frink

ADDRESS 814 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82069

C82069

CERTIFICATE OF DEATH.

× 102

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Jos Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J Curtis

(Residence in Baltimore: No. St. Jos Hosp.) Home Onancock Va St. 2 yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 4, 1864
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Accomack Va

PARENTS.

10-NAME OF FATHER, Francis B Curtis

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Drum

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. J. Curtis

(Address) Onancock Va

15- JAN 21 1915 ROBERT E. KRAUTER, Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 20, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 1915, to Jan 20 1915, that I saw h[illegible] alive on Jan 20 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Stomach due Perstonsitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Perforated Gastric Ulcer (Duration) Age not known mos. ds.

(Signed) Edward S Watkins M. D.

Jan 21., 1915. (Address) St Jos Hosp Va.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Onancock Va

Former or usual residence Onancock Va

19-PLACE OF BURIAL OR REMOVAL, Pitts Creek Va — DATE OF BURIAL, Jan 24., 191.5

20-UNDERTAKER W. P. Saunders — ADDRESS 905 W Main St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82070

C82070

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2 N. Port ST.; 6 WARD)
2-FULL NAME Martha A Baum
(Residence in Baltimore: No. 2 N. Port St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married
6-DATE OF BIRTH, March (Month) 25 (Day) 1844 (Year)
7-AGE, 70 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Samuel Collins
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Dorothea Dorr
13-BIRTHPLACE OF MOTHER (State or Country), Dorchester

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dr Hugh Baum
(Address) 2 N. Port St.

15-
Filed JAN 21 1915 ROBERT F. KRAUTH
121 Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1915, to Jan 18 1915, that I saw h[er] alive on Jan 17 1915, and that death occurred, on the date stated above, at 4.35 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. ds.

(Signed) Herman J. Dienig M. D.
Jan 15, 1915 (Address) 1500 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan 22, 1915
20-UNDERTAKER A. Sander Sons ADDRESS Mosher St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82071

CERTIFICATE OF DEATH.

1915 C82071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Penna. ave St. 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Conroy

(Residence in Baltimore: No. 1040 Penna. ave St.; ....yrs., mos. ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 10 (Month) (Day), 1854 (Year)

7-AGE, 60 ....yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs D. Conroy

(Address) 1040 Penna. Ave

15- JAN 21 1915 ROBERT J. KRAUTER
Filed....., 191... Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1915, to Jan 20th 1915, that I saw h im alive on Jan. 19th 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis-

(Duration) About 2 years

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs....mos....ds.

(Signed) Chas. J. Keller M. D.

Jan. 20th, 1915. (Address) 222 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Jan. 22, 1915.

20-UNDERTAKER McLean & Jones

ADDRESS 833 Lindey Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82072 — 47 C82072

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Raborg ST.; 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella DeJesus

(Residence in Baltimore: No. 745 Raborg St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, About — (Month) — (Day) 1848 (Year)

7-AGE, 67 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Coomes

(Address) 745 Raborg St

15 JAN 21 1915 ROBERT . KRAUTER, Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 15 1915, to January 18 1915, that I saw her alive on January 15, 1914, and that death occurred, on the date stated above, at 7.25 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis,

.....

.....

.....(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Rheumatism

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Drewett M. D.

Jan. 19, 1915 (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, January 21, 1915.

20-UNDERTAKER Robert A. Elliott — ADDRESS 525 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82073 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C82073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 22 WARD)

2-FULL NAME Benjamin Butkins

Residence in Baltimore: No. 220 So. Green St St.; yrs., mos. da.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Sept ....., 1886
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Aaron Butkins

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva Erbes

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Record.

15-

Filed ..... 191.....

ROBERT . KRAUTER, Registrar.
Burial Permit Clerk.

JAN 21 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18 1915, to Jan 19 1915
that I saw h[illegible] alive on Jan 19 1915
and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Donskoy

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edward A. Smith M. D.

Jan 20 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 1 yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? 220 S. Green St

Former or usual residence 220½ Green St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Jan 22 1915

20-UNDERTAKER John Zebelinski ADDRESS 502 S. Pac St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFETY

C82074

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82074

CERTIFICATE OF DEATH

80

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2102 Mt Royal Terrace WARD) 13

2-FULL NAME Warren Cogrl Grrrwood

(Residence in Baltimore: No. 2102 Mt. Royal Ave. St.; 79 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Mastr

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widower

6-DATE OF BIRTH June 5, 1835 (Month) (Day) (Year)

7-AGE 79 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) & Builder

9-BIRTHPLACE (State or country) Delaware

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs R Etc Williamson

(Address) 2102 Mt Royal Ave

15-

Filed JAN 21 1915 191 ROBERT KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1914, to, 191 ., that I saw h— alive on Dec 10 1914 and that death occurred, on the date stated above, at 8.20 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,
Chronic nephritis
Angina pectoris

(Duration) about 2. yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), W W Chyquard M. D.

, 191 (Address) 805 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Townsend Rd. DATE OF BURIAL Jan 22 1915

20-UNDERTAKER Geo F J. Smith ADDRESS Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82075 HEALTH DEPARTMENT—CITY OF BALTIMORE C82075

CERTIFICATE OF DEATH.

89

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 904 Warner ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Gray —

(Residence in Baltimore: No. 904 Warner. St.: yrs., mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Jan (Month) 2 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 18 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Walter Gray —

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Gray

(Address) 904 Warner St.

15-

Filed JAN 21 1915 191. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) ...find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

Bronchitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... (Coroner.) ..... M. D.

Jan 21 1915. (Address) 507 Fab Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 21 1915
20-UNDERTAKER	ADDRESS
John H Sanders	Russell

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82076

C82076

126x

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Ruby

(Residence in Baltimore: No. Mt Jackson Va St.; ....yrs., ...mos. + ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 17, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jacob Ruby

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Diana Brunk

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilbert Ruby

(Address) Mt Jackson Va

15-

Filed JAN 21 1915, 191.... ROBERT . KRAUTH, SUPT'ST P.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to Jan 21, 1915, that I saw him alive on Jan 21 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute Primary Suppuration of Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Edward Wenner M. D.

Jan 21, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt Jackson Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Jackson Va	Jan. 22, 1915.
20-UNDERTAKER Joseph P. Cook	ADDRESS 1002 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C882077

HEALTH DEPARTMENT—CITY OF BALTIMORE

C882077

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Gibson Jr.

(Residence in Baltimore: No. Lower Marlborough Md St.; ...yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1862 (Year)

7-AGE, 52 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Jas M. Gibson

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Anna Boyd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alice O Gibson

(Address) Lower Marlborough Md

15- Filed JAN 21 1915, 191... ROBERT J. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1914, to June 21 1915, that I saw him alive on June 21 1915, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Abdominal

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Ruptured Appendix with gen. peritonitis

(Duration) ...yrs. ...mos. 21 ds.

(Signed) Wm Neal Pi M. D.

June 21, 1915. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 40 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Lower Marlborough

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lower Marlborough Md | DATE OF BURIAL, Jan 22, 1915

20-UNDERTAKER H B Cook | ADDRESS 1003 N Balto

CAUSE OF DEATH is quite clearly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12+14—M. & T.—2000 Bks.

C82078

HEALTH DEPARTMENT—CITY OF BALTIMORE C82078

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reed

(Residence in Baltimore: No. 603 Gilbert St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Reed

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lottie Pelton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Reed

(Address) 912 Jordan st

15-JAN 21 1915 Filed....., 191.....

ROBERT KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Jan 18 1915, that I saw h.. alive on Jan 18 1915, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Meningitis

(Duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (Duration) ? yrs. ? mos. 16 ds.

(Signed) John S. Fant M. D.

1/18/15 191.. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 603 Gilbert st

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 21., 1915.

20-UNDERTAKER Felix D. Pyle

ADDRESS 102 E Madison st

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 w Lombard ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Ford

(Residence in Baltimore: No. 1711 w Lombard St.; 29 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 1

(Month) (Day) (Year)

7-AGE 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Weightman

(Address) 1711 W Lombard St

15-

Filed JAN 21 1915 191 ROBERT KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1915

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20. 1915, to Jan 21 1915, that I saw him alive on Jan 20. 1915, and that death occurred, on the date stated above, at 1, P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis.

(Duration) 5 yrs. 6 mos. ds.

(Signed) W. M. Lamb M. D.

Jan 26, 1915 (Address) 1731 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Jan 22, 1915

20-UNDERTAKER Harry W. Ehlen ADDRESS 1944 W Baltimore

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82080 HEALTH DEPARTMENT—CITY OF BALTIMORE C82080

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Wilhelm St.; 20 Ward) REGISTERED No. C

2-FULL NAME Annie Maria Elbrookirch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2110 Wilhelm St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 16th, (Month) (Day) 1836. (Year)

7-AGE, 78 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Nickolaus Fonty.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Vones

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Elbrookirch.

(Address) 2110 Wilhelm St.

15-

Filed....., 191.... Registrar.

BOERNER BRAUER BURIAL PERMIT JAN 21 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Jan 20 1915, that I saw h[er] alive on Jan 19 1915, and that death occurred, on the date stated above, at 12.10 p.m.

The CAUSE OF DEATH* was as follows:

Hemoplegia
(Apoplexia)
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. 3 ds.

(Signed) Harry Goldberg M. D.

Jan. 20, 191.5 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan. 23rd 1915

20-UNDERTAKER Chas. W. Hill ADDRESS 3107 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82081

CERTIFICATE OF DEATH.

1 70 C82081

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiram Fogerson

(Residence in Baltimore: No. 613 Chapel St St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, unknown (Month) 1 (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JAN 21 1915 ROBERT J. BRAUER, Registrar.

Filed..... 191.... Burial Permit Issued.

T2755 Remarks.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jany 11 1915, to Jany 17 1915, that I saw him alive on Jany 17 1915, and that death occurred on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(Duration) yrs. — mos. 3 ds.

(Signed) J. W. Vinton Clift M. D.

Jany 17 1915. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. — mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 613 Chapel St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, JAN 21 1915

20-UNDERTAKER, Commissioner Health, Per. Wm. E. WOODALL.

ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Attach statement of OCCUPATION, if any important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1915 C82082

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Carlisle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Strom (Hrom)

(Residence in Baltimore: No. 1711 Carlisle St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tom Fuchs

(Address) 1711 Carlisle St.

15-

Filed JAN 21 1915 191 , KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 20 1915, that I saw h— alive on Jan 20 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1. Chronic Interstitial
2. Nephritis
3.

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. B. Fowler M. D.

Jan. 21, 1915. (Address) 830 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Jan 22, 1915

20-UNDERTAKER Frank Evachuda

ADDRESS 1904 Eastland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C82083

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N Bethel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo E Barry

(Residence in Baltimore: No. 1506 N Bethel St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 19, 1886
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Harry M Barry

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Emma M Adams

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry M Barry

(Address) 1506 N Bethel St

15- Filed JAN 21 1915 191.... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Jan 21 1915, that I saw h.. alive on Jan 21 1915, and that death occurred, on the date stated above, at 9 a, m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Donatonucci M. D.

Jan 21, 1915. (Address) 1506 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL, Jany 22, 1915

20-UNDERTAKER Robt Kemper

ADDRESS 1718 24 Bway

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82084

CERTIFICATE OF DEATH.

19 C82084

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Braddish ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mrs Caroline E Gunnaran

(Residence in Baltimore: No. 1912 Braddish ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 9, 1868
(Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpet
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Seamstress

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Henry J Lesse

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Wehr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Gunnaran

(Address) 1912 Braddish

15- Filed JAN 21 1915 191.. NORMAN . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Jan 21 1915, that I saw her alive on Jan 20 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Valvular Heart

from birth

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

from history

(Duration) 2 yrs. ....mos. ....ds.

(Signed) J. H. Grosshans M. D.

Jan 21, 191.. (Address) 2106 Harford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, Jan 23 191..

20-UNDERTAKER Martin Fahey & Sons

ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82085

CERTIFICATE OF DEATH.

14 C82085

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Christie

(Residence in Baltimore: No. 116 N. Milton ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 22 (Day), 1854. (Year)

7-AGE, 58 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Shaw

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Eliza Kisten

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Shaw.

(Address) Johns Hopkins Hosp

15- JAN 21 1915 HARRY C. ARMENTS

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 19 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1915 to Jan 19 1915, that I saw h[illegible] alive on Jan 19 1915, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Left Temporal lobe

(Duration) 0 yrs. 2 mos. ds.

~~CONTRIBUTORY~~ (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maud R Loyd M. D.

Jan., 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 116 N. Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem

DATE OF BURIAL, Jan 21 1915

20-UNDERTAKER Wm E Blacke

ADDRESS 2126 Jefferson st

CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Blks.

C82086 HEALTH DEPARTMENT—CITY OF BALTIMORE C82086

CERTIFICATE OF DEATH. × 120

REGISTERED No. C 82086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Hilker

(Residence in Baltimore: No. Mercy Hospital St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug 18, 1892
(Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Professional
(b) General nature of Industry, business, or establishment in which employed (or employer): Nurse

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. A. Hilker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Dorothy Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Hilker

(Address) Parkton Md.

15- JAN 21 1915 Filed..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1914, to Jan 21 1915 that I saw h.. alive on Jan 21 1915 and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis Duration 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uraemia (Duration) 3 hrs. mos. ds.

(Signed) Edward Bryant M. D.

Jan 21, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence Parkton Md.

19-PLACE OF BURIAL OR REMOVAL, Parkton Md — DATE OF BURIAL, Jan 21 1915

20-UNDERTAKER Ede Roy Stiffler — ADDRESS 844 N 36th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82087

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82087

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... John Batchlor

(Residence in Baltimore: No. 411 S. Robinson St.; 69 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Aug (Month) 8 (Day), 1845 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 5 mos. 11 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Batchlo

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Richart

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Julia L. Batchlor

(Address)..... 411 S. Robinson

15- JAN 21 1915 HARRY C. ANDREWS,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1914, to Jan 20 1915, that I saw him alive on Jan 20 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Nephritis (Chronic)

..... (Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ... yrs. ... mos. 1 ds.

(Signed) A. L. Tumbleson M. D.

Jan 21, 1915. (Address) 2913 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	Jan 23, 1915

20-UNDERTAKER Herwig & Co ADDRESS 2008 Reisterstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-12-13—M. & T.—500 Bks.

C82088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

C82088

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Jane Curry

(Residence in Baltimore: No. 706 N. Eden St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. April (Month) 25 (Day), 1835 (Year)

7-AGE.	If LESS than 1 day,
79 yrs. 8 mos. 4 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Andrew Harrigan

11-BIRTHPLACE OF FATHER (State or Country), Annapolis Md

12-MAIDEN NAME OF MOTHER Henrietta Holland

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. J. Hopkins

(Address) 1824 N. Mount st

15- JAN 21 1915

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915, to Jan 21 1915, that I saw h[illegible] alive on Jan 20 1915, and that death occurred, on the date stated above, at 1.25a m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [signature] M. D.

Jan 21, 1915. (Address) 2802 Rosslyn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount Cemetery	Jan 23rd, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82089

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

C82089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Venable.

(Residence in Baltimore: No. 1033 N. Chapel. St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 1 (Day), 1891 (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... (in service)

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Wyatt Venable

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Laura Dennis.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Love

(Address) 1033 N Chapel st

15. JAN 21 1915 HENRY O. ARMSTRONG,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1915, to Jan. 21, 1915, that I saw her alive on Jan. 21, 1915, and that death occurred, on the date stated above, at 12.50 A.M.

The CAUSE OF DEATH* was as follows:

Eclampsia
Puerperal.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. Glass M. D.

Jan. 21, 1915 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1033 N. Chapel St.

19-PLACE OF BURIAL OR REMOVAL, Collins Va

DATE OF BURIAL, Jan 22 1915

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last illness is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82090

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82090

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeannette Lucas

(Residence in Baltimore: No. Home for Incurables St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Error attributable to occupation may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 21, 1 (Month) (Day) (Year)

7-AGE, 73 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Brooks

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Martha Tyler Sauder

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Home for Incurables

(Address) Eastford Ave & 21st St

15- 2,105 ROBERT

Filed ... 191 ... Burial Permit Issued

JAN 22 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 21st 1915; that I saw h[illegible] alive on Jan 21st 1915, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 8 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm H Peard M. D.

Jan 21, 1915 (Address) 210 N. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jan 22nd, 1915

20-UNDERTAKER H E Hughes

ADDRESS 17 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C82091

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82091

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 916 Columbia Ave ST.; ..... WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Bangs

(Residence in Baltimore: No. 916 Columbia Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wife .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Fred Browning

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Elizabeth Lanny

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Bangs

(Address) 916 Columbia Ave

15- JAN 22 1915 ROBERT . KRAUTER,
Filed ..... 191... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1914, to Jan 21 1915, that I saw her alive on Jan 16 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Stanley Hoey M. D.

Jan 22, 1915. (Address) 724 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem'y

DATE OF BURIAL, Jan. 25, 1915

20-UNDERTAKER John J Cowan

ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Rks.

C82092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82092

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N Exeter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominick Forsythe

(Residence in Baltimore: No. 429 N Exeter St.; ...yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 9 (Day), 1915 (Year)

7-AGE, ...yrs. ...mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jos Forsythe

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Pastorie

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mary Forsythe

(Address)... 429 N Exeter St

15-JAN 22 1915 ROBERT J. KRAUTER

Filed....., 191.... Burial Permit Clerk.

Registrar.

CAUSE OF DEATH: In plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1915, to Jan 21 1915, that I saw him alive on Jan 21 1915, and that death occurred, on the date stated above, at 1.00 P.m.

The CAUSE OF DEATH* was as follows:

..... Bronchopneumonia

..... (Duration)...yrs...mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration)...yrs...mos...ds.

(Signed) Edward P. Lynch M. D.

Jan. 22, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem.

DATE OF BURIAL, Jan 24, 1915

20-UNDERTAKER Lilly & Ziehm

ADDRESS 403 E Wo[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82093

CERTIFICATE OF DEATH.

91 C82093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E Fayette St. (WARD) 5th)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Baby of Benj & Celia Shapiro

(Residence in Baltimore: No. 1211 W Chestnut St St.; ..... yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Baby

6-DATE OF BIRTH, November 15th, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Galto, Md

PARENTS.

10-NAME OF FATHER, Benj Shapiro

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Smith

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jack Louis .....

(Address) 1419 E Baltimore St

15- JAN 22 1915 Filed ..... 191.....

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915 to Jan 21 1915, that I saw him alive on Jan 21 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P W Chesney M. D.

Jan. 21, 1915. (Address) 716 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	Jan 22, 1915.
20-UNDERTAKER Jack Louis	ADDRESS 1419 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C82094

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82094

CERTIFICATE OF DEATH.

REGISTERED No. C 167

PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hosp ST.: 3 WARD)

1-FULL NAME Jacob Weistock

(Residence in Baltimore: No. 914 Granby St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Nov 30th, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mon. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Morris Weistock

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Kohn

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1414 E. Baltimore St

15- JAN 22 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns of 2nd degree over body

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Falling on a vessel of boiling water Jan 20th 1915

(Duration) yrs. mos. ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

Jan. 22nd, 1915. (Address) 423 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Int Assoc	Jan 22, 1915

20-UNDERTAKER	ADDRESS
Jack Lewis	1414 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C82095

CERTIFICATE OF DEATH. 40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schmidt

(Residence in Baltimore: No. 3126 Elliott St St.: 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Oct. (Month) 20 (Day), 1863 (Year)

7-AGE, 61 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schmidt

(Address) 3126 Elliott St.

15- Filed JAN 22 1915, 191.... ROBERT J. KRAUTER Registrar. Marion Parvin Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1914, to Jan 20 1915, that I saw her alive on Jan 19 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder & Liver

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(Duration) do not know yrs. mos. ds.

(Signed) Wm R Grayley M. D.

Jan 20, 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 3126 Elliott St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemty	Jan 24, 1915
20-UNDERTAKER Zerbe & Fickler	ADDRESS 1739 E. Eager

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82096

CERTIFICATE OF DEATH

90

C82096

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 549 Robert ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John R. Harper

(Residence in Baltimore: No. 549 Robert St. ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
male	Colord	single

6 DATE OF BIRTH ..... (Month) ..... (Day), 1 ..... (Year)

7 AGE 52. 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) ky Kentucky

PARENTS

10 NAME OF FATHER Samuel H. Harper

11 BIRTHPLACE OF FATHER (State or country) and

12 MAIDEN NAME OF MOTHER Mary A. Gaff

13 BIRTHPLACE OF MOTHER (State or country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda Grace

(Address) 549 Robert St

15 JAN 22 1915 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 20 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1914, to Jan 20 1915.

that I saw him alive on Jan 19, 1915.

and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Asthma.

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Bronchitis & Asthma

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) Edw. V. Fitzgerald M. D.

1/20, 1915 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
mt auburn cemetery	Jan 22, 1915
20 UNDERTAKER	ADDRESS
John H Fockler	142 N Hill St

C82097

HEALTH DEPARTMENT—CITY OF BALTIMORE

160

CERTIFICATE OF DEATH.

C82097

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 MADISON AVENUE, ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME RALPH D. HOGE,

(Residence in Baltimore: No. NON-RESIDENT, St.; yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, June (Month) 15th (Day), 1882. (Year)

7-AGE, 32 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Daniel J. Hoge,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Sarah E. Taylor,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard H. Warner,

(Address) 1009 Madison avenue.

15. Filed JAN 22 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CUTTING THROAT WITH RAZOR,
(SUICIDE)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) MELANCHOLIA,
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Heuisler (Coroner.) M. D.

Jan. 22, 191. 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 5 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Virginia.

19-PLACE OF BURIAL OR REMOVAL, Hamilton, Va. DATE OF BURIAL, Jan 23 1915

20-UNDERTAKER W. J. Tickner & Son ADDRESS Hamilton, Va.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 3-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82098

CERTIFICATE OF DEATH.

STILL 5 C82098

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2001 Fleet St. ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Anthony Siemek

(Residence in Baltimore: No. 2001 Fleet St St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, ... Jan (Month) 17 (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
..... yrs. ..... mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Siemek

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Anna Kurtz

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Siemek

(Address) 2001 Fleet st

15- Filed JAN 22 1915 191 ..... Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Jan 20 1915, that I saw him alive on Jan 20 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

..... Marasmus

Cause unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. L. Kaltenbrun M. D.

Jan 21, 1915 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem	Jan 21, 1915

20-UNDERTAKER Jacob Fialkowski ADDRESS 428 S. Bond st.

CAUSES OF DEATH must be given fully and correctly, and the certificate properly filled out in every particular. Each statement is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82099

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82099

CERTIFICATE OF DEATH.

REGISTERED NO. C 19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Bank ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Virginia Hopkins

(Residence in Baltimore: No. 2032 Bank St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 20, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. 8 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Beaty

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Caroline Miller

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John B Hopkins

(Address) 2006 Homewood Av

15- Filed JAN 22 1915, 191.. ROBERT, KRAUTER, Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1915, to Jan 20 1915, that I saw her alive on Jan 20 1915, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease Heart

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Thayer M. D.

Jan 22, 1915. (Address) 100 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, Jan 23 1915.

20-UNDERTAKER Wm Cook

ADDRESS Mott & Lemmon

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82100

CERTIFICATE OF DEATH

92 C82100

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 330 S. Eutaw St. St.; 22 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Skinner

(Residence in Baltimore: No. 330 S. Eutaw St. St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: May (Month) 1 (Day), 1838 (Year)

7-AGE: 74 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Peter Skinner

11-BIRTHPLACE OF FATHER (State or country): N. C.

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Skinner

(Address) 330 South Eutaw

15 JAN 22 1915. ROBERT J. BREITER

Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1914, to Jany 19 1915, that I saw h[illegible] alive on Jany 18, 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cancer Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [signature] M. D.

Jany 19, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	JAN 22 1915
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR PRIVATE USE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82101

CERTIFICATE OF DEATH.

81 C82101

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Fulton Ave. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jamie Taylor.

(Residence in Baltimore: No. 606 W. Saratoga St. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Black	single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
7 yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO TEE BEST OF MY KNOWLEDGE.

(Informant) A. D. Curry

(Address) 606 W. Saratoga St.

15-

Filed JAN 22 1915 ROBERT J. KRAJIT Burial Permit Issued. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1915 to Jan 19 1915, that I saw him alive on Jan 19 1915, and that death occurred, on the date stated above, at 5.25 p m.

The CAUSE OF DEATH* was as follows:

Suffocation

Under observation 12 hrs.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Anemia pernicious of immediate cause.

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank A. Evans M. D.

Jan 21 1915. (Address) 606 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State Unknown yrs....mos....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 606 W Saratoga St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 21 1915
20-UNDERTAKER	ADDRESS
Commissioner Health	

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

C82102 HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82102

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1103 N. Gilmor ST.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Andrew Reamy

(Residence in Baltimore: No. 1103 N. Gilmor ST.; 40 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, May (Month) 11 (Day), 1835 (Year)

7-AGE, 79 yrs. 2 mos. 10 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John H Reamy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jane Ford

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Lee

(Address) 1103 N. Gilmor St

15- ROBERT J. KRAUTH

Filed JAN 22 1915 191... Registrar. Assistant Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Jan 20 1915, that I saw him alive on Jan 20 1915, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Ulcers Sclerosis

(Duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 3 mos. da.

(Signed) T. N. Tavior M. D.

Jan 21, 1915 (Address) 317 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western	Jan 24 1915
20-UNDERTAKER Geo. W. Little	ADDRESS 531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82103

82103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Stafford St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Humberd

(Residence in Baltimore: No. 3002 Stafford St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 3 (Day), 1828 (Year)

7-AGE, 85 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, George Humberd

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rachel Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lora E Wolf

(Address) 3002 Stafford St

15- Filed JAN 22 1915, 191 ROBERT J. BRAUTIS, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1915, to Jan 21 1915, that I saw him alive on Jan 20 1915, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Jan 22 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Jan. 25 191[illegible]
20-UNDERTAKER Charles W. Sill,	ADDRESS 3107 Frederick Ave,

C82104

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82104

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~He~~ 323 Calvert St., 5 WARD)

2-FULL NAME Charles Jones.

(Residence in Baltimore: No. 323 Calvert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	?

6-DATE OF BIRTH, October (Month) 12 (Day), 1823 (Year)

7-AGE, 91 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Florida

(Address) 323 Calvert St.

15-

Filed JAN 22 1915 191.... ROBERT KRAUTER, Registrar. By: Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic valvular

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. H. Chambers M. D.
(Coroner.)

Jan. 22, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan. 23, 1915

20-UNDERTAKER Felix B. Pyle

ADDRESS 1022 E. Pulberry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82105

CERTIFICATE OF DEATH.

28

C82105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 N. Central Ave ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude E. Hoffman

(Residence in Baltimore: No. 1042 N. Central Ave St.; 44 yrs. — mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec. (Month) 22 (Day) 1870 (Year)

7-AGE, 44 yrs. — mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Conrad Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Erhst.

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Schaffer

(Address) 1042 N. Central Ave

15-JAN 22 1915 JOSEPH F. KRAUTER

Filed ..... 191 ..... Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1913, to Jan 21 1915, that I saw h[illegible] alive on Jan 20 1915, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 18 ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. C. Lauch, M. D.

Jan 21 1915 (Address) 1146 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan 25 1915

20-UNDERTAKER Henry Hoerle Son — ADDRESS 1301 E. Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

A2106

CERTIFICATE OF DEATH.

119 C82106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Eastern. Ave. ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryan. A. Potocki,

(Residence in Baltimore: No. 1636. Eastern. Ave, St.; 8 yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mala

4-COLOR OR RACE. White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 12, 1878
(Month) (Day) (Year)

7-AGE, 36 yrs. 5 mos. 11 ds.

If LESS than 1 day. ...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Druggist
(b) General nature of industry, business, or establishment in which employed (or employer). Drugstore

9-BIRTHPLACE, (State or Country), Russian Poland,

PARENTS.

10-NAME OF FATHER, Julian Potocki,

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland,

12-MAIDEN NAME OF MOTHER Lucyana Chorzelski,

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zofia Potocka,

(Address) 1636 Eastern Ave.

15- Filed JAN 22 1915, 191. Burial Permit Given. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1914, to Jan. 20, 1915, that I saw him alive on Jan. 20, 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) — yrs. 1 mos. ds.

(Signed) Wm. H. Rumebaker M. D.

Jan 21, 1915. (Address) 1209 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary, DATE OF BURIAL. Jan. 23..., 191.5

20-UNDERTAKER William Fialkowski ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82107

CERTIFICATE OF DEATH.

79 C82107

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 805 E. Chase St. 10 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia M. Geraghty
(Residence in Baltimore: No. 805 E. Chase St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) County Tipperary Ireland

PARENTS.

10-NAME OF FATHER, Geraghty

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Finn

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Julia Geraghty
(Address) 805 E. Chase St

15-
Filed JAN 22 1915, 191. MARY O. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 21", 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15" 1914, to Jan 21" 1915;
that I saw her alive on Jan 20 1915;
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) ....yrs. 3 mos. ....ds.
CONTRIBUTORY (Secondary) Hemiplegia
..... (Duration) ....yrs. ....mos. 4 ds.
(Signed) H. B. Thomas M. D.
Jan 22, 1915. (Address) 1.D.C. J. Catonsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catherdral Cem. DATE OF BURIAL, Jan 25, 191...
20-UNDERTAKER, Est. Coates & Son ADDRESS, 918 N. Wh Roy st.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82108 C82108

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 136 Dolphin ST.; 11 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Chester

(Residence in Baltimore: No. 136 Dolphin St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 6, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 15 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER Ira D Chester

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Mary F Andrews

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira D Chester

(Address) 136 Dolphin St

15-

Filed JAN 22 1915 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21st, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21st 9 AM 1915, to Jan 21st 1915, that I saw her alive on Jan 21 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) I D Fellows M. D.

1-21, 191.. (Address) 2111 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery | DATE OF BURIAL, Jan 23 1915

20-UNDERTAKER Chas T Coane & Son | ADDRESS 118 N. Howard

Cause of death must be given in full. Use of words "Disease unknown" will not be accepted. Important. See instructions on back of certificate.

C82109

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 78 C82109

CITY OF BALTIMORE: (No. 2005 Barclay Street St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hildagarde Stephani Lucas

(Residence in Baltimore: No. 2005 Barclay St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: June 24, 1885 (Month), 1 (Day), (Year)

7-AGE: 29 yrs. 6 mos. 27 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Concordia, Kansas

PARENTS

10-NAME OF FATHER: Richard Hartmaier

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Marie Louise Dwen

13-BIRTHPLACE OF MOTHER (State or country): Emmittsburg, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard J. Lucas

(Address) 2005 Barclay St.

15- Filed JAN 23 1915 [illegible] O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept., 1915, to Jan 21, 1915, that I saw h[illegible] alive on Jan 21, 1915, and that death occurred, on the date stated above, at 2.20 A.M.

The CAUSE OF DEATH* was as follows:

Septic Endo Carditis

(Duration) yrs 6 mos ds.

Contributory (SECONDARY) Acute Dilatation of Heart

(Duration) yrs mos 5 hrs

(Signed) Standish McVeary M. D.

1/21 1915 [Address] 1609 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetary	Jan. 23/15
20-UNDERTAKER: Henry W. Means & Son	ADDRESS: 105 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spac.—6-10-15—M. & T.—500 Blks.

C82110 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82110

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S Rigester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Repp

(Residence in Baltimore: No. 122 S Rigester St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, August (Month) 3 (Day), 1849 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 5 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Potter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Repp

11-BIRTHPLACE OF FATHER (State or Country), Gearmany

12-MAIDEN NAME OF MOTHER Cathrein Rief

13-BIRTHPLACE OF MOTHER (State or Country), Gearmany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Repp

(Address) 122 S. Rigester St.

15- JAN 23 1915 Filed, 191.... HARRY O. ANDREAS, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms. Be sure to answer all questions. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1915, to Jan. 21 1915; that I saw him alive on Jan 20 1915; and that death occurred, on the date stated above, at 4 h m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Geo. Heller M. D.

Jan 21 1915 (Address) 1927 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, January 23 1915

20-UNDERTAKER Windell Ritzler

ADDRESS 378 Mon

Spec.—5-13-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

082111

172 082111

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Bethel Place 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Appliona Heinel

(Residence in Baltimore: No. 1616 Bethel Place St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 20, 1841 (Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. 1 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Keeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Klein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Waelfel

(Address) 1616 Bethel Place

15 JAN 23 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to Jan 21 1915, that I saw h[illegible] alive on Jan 21 1915, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcer of Face and Neck Caused by Accidental Fall on Ice

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Eye Cancer

(Duration) yrs. mos. ds.

(Signed) Geo. Wm Bruce M. D.

Jan 22, 1915 (Address) 6 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, Jan 23 1915

20-UNDERTAKER Wendell Dysart & Co — ADDRESS 378 N

Rec'd

important. See instructions on back of certificate.

10—5-19-13—M. & T.—500 Blks.

C82112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82112

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hise

(Residence in Baltimore: No. 1108 S. Curley St.; —yrs.—mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Singe

6-DATE OF BIRTH, Jan. (Month) 12 (Day), 1915 (Year)

7-AGE, —yrs.—mos. 9 ds. If LESS than 1 day, —hrs. or —min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm S. Hise

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Kunigunda Baer

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm S. Hise
(Address) 1108 S. Curley St.

15-
Filed JAN 23 1915 HARRY C. ANDREWS 191 SPECIAL DEPUTY C.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21st (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 14, 1915, to Jan 22 1915, that I saw h— alive on Jan 21 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
7 months Foetus

(Duration) —yrs.—mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) —yrs.—mos.—ds.

(Signed) W B Tilton M. D.

Jan 22 1915. (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. —ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL. Jan. 25, 1915

20-UNDERTAKER Trudell Lippel & Son

ADDRESS 330 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82113

CERTIFICATE OF DEATH.

45 C82113

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 19 WARD)
2-FULL NAME Annie Dorsey
(Residence in Baltimore: No. 1804 Frederick Ave. St.; ...yrs. ...mos. 1 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married
6-DATE OF BIRTH: March 25, 1871 (Month) (Day) (Year)
7-AGE: 43 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Md.

PARENTS.
10-NAME OF FATHER: John Darcy
11-BIRTHPLACE OF FATHER (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Barry
(Address) 1533 Fayette St

15- Filed JAN 23 1915 191... HARRY O. ANDREWS Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3 1914, to Jan. 22 1915, that I saw h[illegible] alive on Jan 22 1915, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

1 Metastatic Carcinoma of Spinal Cord Contributory
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Carcinoma of Breast Operated Dec 15 1914
(Duration) ...yrs. ...mos. ...ds.
(Signed) Edward P. Lewis M. D.
Jan 23, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. 2 mos. 18 ds. In the State Life yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? 1804 Frederick Ave
Former or usual residence 1804 Frederick Ave

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem, DATE OF BURIAL, Jan 23, 1915
20-UNDERTAKER John J Wilde ADDRESS 1209 W Pratt

Important. See instructions on back of certificate.

C82114

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

C82114

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 Scott St.; 21 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME John Fred Bockmann

(Residence in Baltimore: No. 329 Scott St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write word): Single

6-DATE OF BIRTH: ~~Jan~~ Jan. 21, 1915 (Month) (Day) (Year)

7-AGE: ....yrs....mos 1 ds. If LESS than 1 day, 7 hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John F. Bockmann

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Flora J. Patterson

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flora J. Bockmann

(Address) 329 Scott St.

15- JAN 23 1915 Filed ....., 191.... REGISTRAR

HARRY O. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1915 to, Jan 22 1915, that I saw him alive on Jan. 21 1915, and that death occurred, on the date stated above, at 11 A, m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(Duration) 1 yrs ....mos 1 ds.

Contributory (SECONDARY) Cardiac Dilation

(Duration) ....yrs ....mos ....ds.

(Signed) J. E. Dunnbach M. D.

1-22 1915 [Address] 1202 E. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not of place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 23, 1915

20-UNDERTAKER: John J. Fields

ADDRESS: 1200 N. Lombard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82115 C82115

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 211 W. 23rd St.; 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Dorothy May Ball

(Residence in Baltimore: No. 211 W. 23rd St.; ..... yrs. ..... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan (Month) 13 (Day), 1915 (Year)

7 AGE: ..... yrs. ..... mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Oscar Ball.

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Clara Cooper

13 BIRTHPLACE OF MOTHER (State or country): Balto Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Ball

(Address) 211 W 23rd St

15 Filed JAN 23 1915 191 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1915, to Jan 22 1915
that I saw h[illegible] alive on Jan 22, 1915
and that death occurred, on the date stated above, at 10.15 a m.
The CAUSE OF DEATH* was as follows:

Premature Birth
8 Months

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Richardson M. D.

Jan 22, 1915 (Address) 112 W. 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 23, 1915

20 UNDERTAKER: Willia[illegible] Cook — ADDRESS: 501 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82116

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Mondawmin St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. Smith

(Residence in Baltimore: No. 1705 Mondawmin St.; — yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 24 (Day), 1824 (Year)

7-AGE, 90 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mass

PARENTS.

10-NAME OF FATHER, William Perkins

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle W. Smith

(Address) 1705 Mondawmin St.

15- JAN 23 1915

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1914, to January 21 1915, that I saw h[illegible] alive on January 21 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration).....yrs.....mos.....ds.

(Signed) Nathaniel Potts M. D.

Jan 23, 1915. (Address) 2731 Pinkwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Glenwood Cem Washington D C

DATE OF BURIAL, Jan 25, 1915

20-UNDERTAKER Wm Cook

ADDRESS 1307 E. N. Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82117 HEALTH DEPARTMENT—CITY OF BALTIMORE C82117

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8 S Durham ST.; V WARD) REGISTERED No. C

2-FULL NAME Margret L Keegan
(Residence in Baltimore: No. 8 S Durham St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, June 26, 1910 (Month) (Day) (Year)
7-AGE, 4 yrs. 7 mos. ds.
If LESS than 1 day, hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, John R Keegan
11-BIRTHPLACE OF FATHER (State or Country), Balt
12-MAIDEN NAME OF MOTHER Anna Fahey
13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna Keegan
(Address) 8 S Durham

15-
Filed JAN 23 1915, 191 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 22 1915, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wheaton M. D.
Jan 22, 1915 (Address) 6 S Bmby

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL. Jan 23 1915
20-UNDERTAKER Wendell Apple & Son — ADDRESS 0781

10 A M.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82118

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82118

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N Preston ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A Lucy Shultzer

(Residence in Baltimore: No. 25 N Preston St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 16th (Day) 1844 (Year)

7-AGE, 70 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Jacob Shultzer

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary Trego

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L Brady

(Address) 1225 Maryland Ave

15- Filed JAN 23 1915, 191... ROBERT O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 22 1915, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

.....(a) Apoplexy

..... (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 20 yrs. mos. ds.

(Signed) William L Brady M. D.

Jan..., 1915. (Address) 1225 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Jan 24, 1915
20-UNDERTAKER	ADDRESS
Chas E Sauer & Son	1800 Mt Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82119 — 179 C82119

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3136 Strickland St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Corena Rey.

(Residence in Baltimore: No. 3136 Strickland St.; Life time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) Single

6-DATE OF BIRTH. June 20, 1912 (Month) (Day) (Year)

7-AGE. 2 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. George L. Rey

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Theresa Pollock

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Geo. L. Rey
(Address) 3136 Strickland St

15- Filed JAN 23 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1914, to Jan 22 1915, that I saw h.. alive on Jan 20 1915, and that death occurred, on the date stated above, at 8. A m.

The CAUSE OF DEATH* was as follows:

Bilateral
Otitis Media 3 Months
(Duration) yrs. mos. ds.

CONTRIBUTORY. (Secondary) Laryngeal Stenosis
(Duration) yrs. 3 mos. ds.

(Signed) Howard W. Jones M. D.
Jan 22, 1915. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, JAN 23 1915
20-UNDERTAKER Geo A Gerber — ADDRESS Balto & Payson Sts

C82120

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C82120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 433 Lorraine Ave ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Jane Kilmer

(Residence in Baltimore: No. 433 Lorraine Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~ WIDOWED OR DIVORCED (*Write* the word): Widowed

6-DATE OF BIRTH: June 4, 1830 (Month) (Day) (Year)

7-AGE: 84 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Thomas Smith

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ann Mac Shane

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Jennie Palmer

(Address) 433 Lorraine Ave

15- JAN 23 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1, 1912, to Jan. 21 1915, that I saw her alive on Jan. 21, 1915, and that death occurred, on the date stated above, at 10 o'c p. m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis.

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H W Sadders M. D.

1/22/15, 191..... (Address) 321 E 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Monday 25, 1915

20-UNDERTAKER: Jno. B. Cook ADDRESS: 1003 W. Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C82121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Burgundy ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dame Louis

(Residence in Baltimore: No. 509 Burgundy St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, unknown (Month) (Day) 1850 (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Lambert

(Address) 509 Burgundy Alley

15-

Filed JAN 23 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 9 1915, to Jan. 20 1915, that I saw h[illegible] alive on January 9 1915, and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

(a) Endocarditis

(b)

(c)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. 3 mos. ds.

(Signed) J. M. Dilleth M. D.

Jan. 20, 1915 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	January 23, 1915
20-UNDERTAKER	ADDRESS
Wm H Hooper	602 Little Ca[illegible] St

CAUSE OF DEATH in plain terms, so that it may be properly coded. It is important. See instructions on back of certificate.

C82122

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C82122

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1232 Druid Hill Ave St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Addi Lavinia Barnes

(Residence in Baltimore: No. 1232 Druid Hill Ave St.; ..... yrs. ..... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan (Month) 14 (Day), 1915 (Year)

7 AGE: ..... yrs. ..... mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Mary Land.

PARENTS

10 NAME OF FATHER: John Barnes.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Estelle Gilson

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Estelle Barnes

(Address) 1232 Druid Hill Ave

15 Filed JAN 23 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 22 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 21, 1915; and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(Duration) ..... yrs. ..... mos. 9 ds.

Contributory (SECONDARY) Premature birth.

(Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Edw. J. Fitzgerald M. D.

1/22, 1915, (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Jan 23d, 1915

20 UNDERTAKER: George H. Holland — ADDRESS 517 Robert st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82123

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82123

CERTIFICATE OF DEATH

10

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 939 N. Vincent St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Anderson

(Residence in Baltimore: No. 930 N. Vincent St. Yr.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: about 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Cure

(Address) 1211 Argyle Ave.

15 JAN 23 1915 191 (Time) (Date)

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 22, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 21, 1915, and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH* was as follows:

Influenza + Arteriosclerosis

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. C. Stewart M. D.

Jan 23, 1915. (Address) 1003 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Jan 24 1915

20 UNDERTAKER: Jas. N. Holland ADDRESS 617 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082124

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 082124

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3644 Hickory Ave. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence E. Chambers

(Residence in Baltimore: No. 3644 Hickory Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 20 (Day) 1914 (Year)

7-AGE: 1 yrs. 2 mos. ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City Md.

PARENTS

10-NAME OF FATHER: Raymond E. Chambers

11-BIRTHPLACE OF FATHER (State or country): Baltimore City. Md

12-MAIDEN NAME OF MOTHER: Florence B. Pearce

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond E. Chambers

(Address) 3644 Hickory Ave.

JAN 23 1915 Filed ....., 191 ROBERT KRAETER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1914, to Jan 22 1915, that I saw h.. alive on Jan 22 1915, and that death occurred, on the date stated above, at 8.50 m.

The CAUSE OF DEATH* was as follows:

Non Closure of the Foramen Ovale (Blue Baby)

.....(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) .....(Duration) ....yrs. ....mos. ....ds.

(Signed) D. H. C. Algire M.D.

Jan 23, 1915 [Address] 3640 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetry

DATE OF BURIAL: Jan. 23 1915

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82125 C82125

CERTIFICATE OF DEATH.

×151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrett Hospital for Children ST.; ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Cleveland Robeson

(Residence in Baltimore: No. Hollywood St. Mary's Co. Md St.; yrs., 4 mos. 7 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Sept 15, 1914
(Month) (Day) (Year)

7-AGE, yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or m'n.t

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Grover Robeson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Bernice Spedden

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Bacon

(Address) Garrett Hospital

15- JAN 23 1915 Filed, 191... HOBART A. KRAETER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 22 1915, that I saw him alive on Jan 22 1915, and that death occurred, on the date stated above, at 11 10 A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) Walter G Bacon M. D.

1/22/15, 191... (Address) Garrett Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. 4 mos. 7 ds.

Where was disease contracted, if not at place of death? Hollywood Md.

Former or usual residence Hollywood Md

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St Marys Co Md	Jan 25., 1915.
20-UNDERTAKER Wm J. Tickner & Sons	ADDRESS Penn & Vine

IMPORTANT. See instructions on back of certificate.

C82126

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82126

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 E. 27th St. WARD 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa V. Nahm

known as Theresa R. Nahm

(Residence in Baltimore: No. 315 E. 27th St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widower

6-DATE OF BIRTH May 3rd 1857 (Month) (Day) (Year)

7-AGE 57 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Maker of Slip
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Covers

9-BIRTHPLACE (State or country): Balt. Md.

PARENTS

10-NAME OF FATHER: Martin Schreiber

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Josepha Zeller

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sophie Kann

(Address) 400 W. 28th St.

15- JAN 23 1915 ROBERT . KRAUTH Burial Permit Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 21st 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 19th 1914, to January 21st 1915, that I saw h.. alive on January 20th 1915, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Louis H. A. May M. D.

January 22nd 1915 [Address] 1039 N. Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jany 25 1915

19-UNDERTAKER: Robt J Turner ADDRESS: 1442 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82127

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

C82127

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2002 N Payson St. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Scott Broadfoot

(Residence in Baltimore: No. 200 N. Payson St St. 1913 yrs. Jan mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: Jan (Month) 21 (Day) 1914 (Year)

7-AGE: 4 yrs. mos. ds. If LESS than 1 day, 1 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: George Scott Broadfoot

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Reg Johnson

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Eliza Johnson

(Address) 2002 N Payson St

15- Filed JAN 23 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 22 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to Jan 22 1915, that I saw him alive on Jan 22 1915, and that death occurred, on the date stated above, at 7 10 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever

(Duration) yrs mos 9 ds.

Contributory (SECONDARY): Valvular Heart Disease

(Duration) 4 yrs mos 1 ds.

(Signed) John Nelson M. D.

Jan 23, 1915 [Address] 1103 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 23, 1915

20-UNDERTAKER: George J. Smith — ADDRESS: 2000 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82128

C82128

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1035 W Lanvale St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia G. Daniels

(Residence in Baltimore: No. 1035 W. Lanvale St.; 55 yrs. 7 mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 19 (Day), 1859 (Year)

7-AGE: 55 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Aquila H Greenfield

11-BIRTHPLACE OF FATHER (State or country): Baltimore md

12-MAIDEN NAME OF MOTHER: Anna V. Blades.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Wm H. Daniels

(Address) 1035 Lanvale St

15. JAN 23 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1915, to Jan 22 1915, that I saw h.. alive on Jan 22, 1915, and that death occurred, on the date stated above, at 9.20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Interstitial Nephritis

(Duration) 1 yrs. 8 mos. — ds.

Contributory (SECONDARY)

(Duration) ..... yrs. Omos. ds.

(Signed) J. T. Mason M. D.

Jan 23, 1915 (Address) 1042 Fleming Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Jan 24, 1915

20-UNDERTAKER: Geo. J. Smith ADDRESS: 25 Fayette St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82129 64 C82129

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH Little Sisters of the Poor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Preston and Valley St.; 10 Ward)

2-FULL NAME George Hughes

(Residence in Baltimore: No. Life Time St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH About 1838
(Month) (Day) (Year)

7-AGE About 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Hughes

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Celine Gersuch

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victor Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 23 1915, 191 ROBERT F. KRAUTHER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~October~~ Record, 191..., to, ... 191....., that I saw h~~er~~ alive on January 2 1915, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

2 Days (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. A. Warner M. D.

January 22, 1915 [Address] 1033 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Jan 24, 1915

20-UNDERTAKER: H. E. Hughes

ADDRESS: 17 S. Bolivar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82130

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C82130

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1801 Eutaw Place St.; 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Hutzler

(Residence in Baltimore: No. 1801 Eutaw Place St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 13, 1843 (Month) (Day) (Year)

7-AGE: 71 yrs. 7 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Louis Hutzler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Neuberger

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Hutzler

(Address) 1801 Eutaw Place

15-

JAN 23 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 21st, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21st, 1915, to Jan. 21st 1915, that I saw h[illegible]live on Jan. 21st, 1915, and that death occurred, on the date stated above, at 3-20 a m.

The CAUSE OF DEATH* was as follows:

Renal Insufficiency, Pulmonary Congestion, Partially Acute Dilatation of Heart

(Duration) Half hour mos. ds

Contributory (SECONDARY) Arterial Sclerosis

(Duration) 2- yrs. mos. ds.

(Signed) Thos. P. McCormick M. D.

Jan. 21st, 1915 (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Har Sinai — DATE OF BURIAL: Jany 24 1915

20-UNDERTAKER: Hart Sondheim — ADDRESS: 918 Madison Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

082131

Registered No. C 082131

1-PLACE OF DEATH John 92

CITY OF BALTIMORE (No. 604 Crawford St. St.; 9 Ward)

2-FULL NAME Joseph Clark

(Residence in Baltimore: No. 604 Crawford St.; yrs. mos. ds.)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7-AGE: About 70 Years (yrs. mos. ds.)

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Street sweeper

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Patrick Clarke

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Clarke

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Talbott

(Address) 604 Crawford St

15. Filed JAN 23 1915 ROBERT . KRAUTER, 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 10, 1915, to, January 20 1915, that I saw h— alive on January 20, 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY): Valvular disease

(Duration) yrs. 6 mos. ds.

(Signed), E J Stuckhardt Jr M. D.

Jan 26, 1915 (Address) 632 Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters | DATE OF BURIAL: Jan 26, 1915

20-UNDERTAKER: E. P. Wiedefeld | ADDRESS: Lexington St

C82132

HEALTH DEPARTMENT--CITY OF BALTIMORE

50

C82132

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No.) 1503 Covington ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Jeremiah H. Collett.

(Residence in Baltimore: No. 1503 Covington St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH — (Month) — (Day), 1859 (Year)

7 AGE — 55 yrs. — mos. — ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer B & O
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9 BIRTHPLACE (State or country): Penna

X PARENTS

10 NAME OF FATHER: J. B. Collett

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (State or country): Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Collett

(Address) 503 Covington

15 JAN 23 1915 191 — ROBERT . KRAUTER, Dep. 1st Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... Jan (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1915, to Jan 20th 1915, that I saw him alive on Jan 20th, 1915, and that death occurred, on the date stated above, at 6 P m. The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY) Cirrhosis (Duration) ..... yrs. 1 mos. ..... ds.

(Signed), Chas. T. Snyder M. D.

Jan 23d, 1915 (Address) 1425 Light st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 24, 1915

20 UNDERTAKER: Jos. J. Talley & Son — ADDRESS: 318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C82133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 19 C82133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 S. Bond ST.; 3 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Brotman

(Residence in Baltimore: No. 26 S. Bond St. St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Jan (Month) (Day) 1871 (Year)

7-AGE. 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Solomon Katz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Katz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Balt St

15- JAN 23 1915 ROBERT KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 22 1915, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. ds.

(Signed) J. Valentine M. D.

Jan 22, 1915. (Address) 1618 Bruckley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Park DATE OF BURIAL, Jan 24, 1915.

20-UNDERTAKER Jack Lewis ADDRESS 1419 E Balt St

CAUTION—Do not fill up spaces marked "Registrar." See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks.

C82134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C82134

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3300 E. Monument ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schamelzing

(Residence in Baltimore: No. 3300 E. Mounmt St. St.; ...yrs.,...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (*Write* the word.): Widowed

6-DATE OF BIRTH, Unknown, (Month) (Day), 1843 (Year)

7-AGE 71 yrs. ...mos. ...ds.

If LESS than 1 day. ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, John Schemelzing

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Lang.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Keith.

(Address) 735 Harford ave

15- Filed JAN 23 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1915 to Jan. 21st 1915 that I saw him alive on Jan. 20 1915, and that death occurred, on the date stated above, at 6.1 m.

The CAUSE OF DEATH* was as follows:

Bronchitis.

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Infirmities old age

(Duration) ...yrs. ...mos. ...ds.

(Signed) Mrs. H. Mogues M. D.

1/22, 1915. (Address) 1546 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Alphonsus Cem. DATE OF BURIAL, Jan 24., 1915

20-UNDERTAKER George F. Keith ADDRESS 735 Harford ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82135

CERTIFICATE OF DEATH.

45 C82135

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Eutaw St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Warner

(Residence in Baltimore: No. 827 Eutaw same in Balto during life St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, May (Month) 6 (Day), 1864 (Year)

7-AGE, 50 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Ernst Bergwarth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Warner

(Address) 827 Eutaw Pla

15- Filed JAN 23 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1914, to Jan 22 1915, that I saw her alive on Jan 21 1915, and that death occurred, on the date stated above, at 10.20 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of bladder

about 1 (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) E. Krumbhaar M. D.

Jan 22nd, 1915. (Address) 1002 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 24, 1915

20-UNDERTAKER A. J. Tickner & Son — ADDRESS Aisquith

important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82136 C82136

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Fleischell

(Residence in Baltimore: No. 1201 Ostend St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 27, 1879 (Month) (Day) (Year)

7-AGE, 35 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... P R R R

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John A. Fleischell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie V Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J H Granger

(Address) 2813 Edmondson Ave

15-Filed JAN 23 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 21 1915, that I saw h m alive on Jan 21 1915, and that death occurred, on the date stated above, at 8, 45 a m.

The CAUSE OF DEATH* was as follows:

Suppurative appendicitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 6 ds.

(Signed) Wm Hitchew M. D.

Jan 21, 1915. (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1201 Ostend St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	1-25, 1915
20-UNDERTAKER Howard E Tulley	ADDRESS 432 Montgomery St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82137 — 137 C82137

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Nelson

(Residence ~~in Baltimore~~: No. Atherton, Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married

6-DATE OF BIRTH, ... (Month) January (Day) 1 (Year) .....

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nealson Hollan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw P Smith

(Address) Mercy Hospital

15 JAN 24 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 23 1915, that I saw h[er] alive on Jan 23 1915 and that death occurred, on the date stated above, at 5.00 p.m.

The CAUSE OF DEATH* was as follows:

General Septicaemia Following Incomplete Miscarriage

.....days (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P Smith M. D.

Jan 23, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Atherton Md.

Former or usual residence Atherton Md

19-PLACE OF BURIAL OR REMOVAL, Locust Chapel Harford Co. DATE OF BURIAL. Jan 27, 1915

20-UNDERTAKER Chas Cox Sons ADDRESS Edlico & Belt

CAUSE OF DEATH must be plainly filled in, and certificate important. See instructions on back of certificate.

Spec.--8-24-14--M. & T.—2000 Bks.

C82138 HEALTH DEPARTMENT—CITY OF BALTIMORE C82138

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Bloechl

(Residence in Baltimore: No. 1004 Somerset St. St.; 1 yrs., mos. ds.)

Wife of Alexander Bloechl

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not given

11-BIRTHPLACE OF FATHER (State or Country) Not given

12-MAIDEN NAME OF MOTHER Not Given

13-BIRTHPLACE OF MOTHER (State or Country), Not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Louis Bloechle

(Address) 1004 Somerset St

15- Filed JAN 24 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1914, to Jan 21 1915, that I saw h[illegible] alive on Jan 20 1915, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(Chronic or Acute)

Palliative Operation

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) None that I know of

(Duration) yrs. mos. ds.

(Signed) Wm. H. Grasty M. D.

Jan 21, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1004 Somerset St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan 25th, 1915

20-UNDERTAKER Geo M. Fiss

ADDRESS 811 N Wolfe

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82139

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 E Pratt ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carmela Di Fratta

(Residence in Baltimore: No. 1107 E Pratt St.; 2 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem.	wht	Single

6-DATE OF BIRTH, ..., 1912
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 7 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Buffalo N.Y.

PARENTS.

10-NAME OF FATHER, Cono Di Fratta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Serafina Culotta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cono Di Fratta

(Address) 1107 E Pratt St

15-JAN 24 1915 ROBERT . KRAUTER,
Filed....., 191. Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 , to ..... 191 , that I saw h alive on ..... 191 , and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem.	Jan. 24., 1915
20-UNDERTAKER Lilly & Zile	ADDRESS 403 S. Wolfe

C82140

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82140
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 921 Pendle Ct. St. 17 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie White

(Residence in Baltimore: No. 921 Pendle Ct St.: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. 5, 1889 (Month) (Day) (Year)

7-AGE: 25 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Wm. White

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Daniel Richardson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs White

(Address) 921 Pendle Court

JAN 24 1915 Filed ..., 191

ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jany 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 19, 1915, to Jany 22nd 1915 that I saw her alive on Jany 22nd, 1915 and that death occurred, on the date stated above, at n

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. d

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. d

(Signed) Frank Elbaugh M.

Jany 23 1915 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. d

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mont Auburn — DATE OF BURIAL: Jan 25 1915

20-UNDERTAKER: J. John T. H. Owens — ADDRESS: 1222 Lanvale St

C82141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82141

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 719 Pierce ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett Eugene Stokes

(Residence in Baltimore: No. 719 Pierce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, June (Month) 19 (Day), 1914 (Year)

7-AGE, ...yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Julius Stokes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Maggie Stokes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Boone

(Address) 719 Pierce St

15- Filed JAN 24 1915 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Jeffers (Coroner) M. D.

June 23 191.. (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont. Auburn	June 24., 1915
20-UNDERTAKER John H Owens	ADDRESS 1102 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82142 — 105 — 82142

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 E Pleasant ST.: ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Anderson

(Residence in Baltimore: No. 109 E Pleasant St.: 53 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married.

6-DATE OF BIRTH Unknown, 1 .....
(Month) (Day) (Year)

7-AGE 53 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Richmond Co Va

PARENTS

10-NAME OF FATHER George Anderson

11-BIRTHPLACE OF FATHER (State or country) Richmond Co Va

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or country) Richmond Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cornelia anderson

(Address) 109 E Pleasant St

15 JAN 24 1915 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 23rd, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 18th, 1915, to January 23rd 1915, that I saw him alive on January 21st 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ... yrs. ... mos. 7 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. Bostick M. D.

Jan 23rd 1915 (Address) 607 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Jan 26, 1915

20-UNDERTAKER Felix B. Pyfe

ADDRESS 1022 E Fulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

C82143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C82143

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; city 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madaline Samet

(Residence in Baltimore: No. 321 Forest St St.; 9 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Unknown 1906.
(Month) (Day) (Year)

7-AGE, 9 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Michel Samet

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mollie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Michel Samet

(Address)..... 321 Forest st

15- JAN 24 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18th 1915, to Jan 24th 1915, that I saw her alive on Jan 24th 1915, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary) Subacute Rheumatism

(Duration)....yrs....mos. 6 ds.

(Signed) M. B. Lavin M. D.

Jan 24, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 9 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 321 Forest St

Former or usual residence 321 Forest.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Jan 26 1915.

20-UNDERTAKER A Lennon & Bro

ADDRESS 1707 E Baltimore

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 C8144

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kenwood

(Residence in Baltimore: No. 2131 Callow Ave St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Tuesday ....., 1865
(Month) (Day) (Year)

7-AGE, 50 years

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Tobias Kenwood

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Mastbaum

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis M Rawlins

(Address) 327 W Mulberry St

15- JAN 24 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ....., 21..., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to Jan 21 1915, that I saw h[illegible] alive on Jan 21 1915, and that death occurred, on the date stated above, at 11.45a.m.

The CAUSE OF DEATH* was as follows:

Carbuncle of Face

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Meningitis

..... (Duration).....yrs.....mos. 1 ds.

(Signed) M. B. Levin M. D.

1/21, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos. 2 ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 2131 Callow Ave.

19-PLACE OF BURIAL, OR REMOVAL, Ohel Sholom Cem. DATE OF BURIAL, 1/24..., 1915

20-UNDERTAKER J. H. Turner Co ADDRESS 1611 Mad

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82145 45 C82145

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1390 W North Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fanny Packett

(Residence in Baltimore: No. 1390 W North Av. St.; 4 V yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word) Married.

6-DATE OF BIRTH Dec. (Month) 20 (Day), 18 V V (Year)

7-AGE 62 yrs. ..... mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER S. Nathberg.

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER C. Blumenfeld.

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathan Packett

(Address) 1390 N North Ave

15-JAN 24 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 23 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1914, to, Jan 23 1915, that I saw h.. alive on Jan 23 1915, and that death occurred, on the date stated above, at 11 40 A. M.

The CAUSE OF DEATH* was as follows:

Sarcoma
of Leg
(Duration) abt 4 yrs ..... mos ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs ..... mos ..... ds.

(Signed) Otto J. Lion M. D.

Jan 24 1915 [Address] 1394 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Ohel Sholam Cem. DATE OF BURIAL 1/24 1915

20-UNDERTAKER J. Abrecus Co ADDRESS 1611 Madison Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82146

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 C82146

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S Luzerne ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kutz

(Residence in Baltimore: No. 617 S Luzerne ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 13, (Day) 1913 (Year)

7-AGE: 1 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: George Kutz

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Annie Ebert

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Kutz

(Address) 617 S Luzerne Ave

15 JAN 24 1915 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

2 Phys

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 23, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1915, to, Jan 23 1915, that I saw h.. alive on Jan 23 1915, and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Laryngeal Diptheria.

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A L Long M. D.

1/23 1915 [Address] 2700 Eastern ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: Jan 24 1915

20-UNDERTAKER: Jacob Fialkowski | ADDRESS: 428 S Bond

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8214?

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C8214?

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 330 S. Eutaw ST.; W WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Virgie Taylor
(Residence in Baltimore: No. 330 S. Eutaw St.; 3 yrs., 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) child

6-DATE OF BIRTH, November 3, 1911
(Month) (Day) (Year)

7-AGE, 3 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Louis Taylor

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Joanna Skinner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Howard Skinner
(Address) 330 S. Eutaw

15- JAN 24 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January, 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 17, 1915, to Jan, 21, 1915, that I saw her alive on Jan, 20, 1915, and that death occurred, on the date stated above, at 8 0, m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonea
(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) —
(Duration) ....yrs. ....mos. ....ds.

(Signed) D. Frandlin M. D.
Jan, 24, 1915. (Address) 1 x x W, Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Jan 24 1915

20-UNDERTAKER John H Toadvine — ADDRESS 1434 N Hiel

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82148

1 PLACE OF DEATH

90

REGISTERED NO. C 82148

CITY OF BALTIMORE (No. 111 N. Monroe St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tefel

(Residence in Baltimore: No. 111 N. Monroe St.; 69 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec 4, 1843 (Month) (Day) (Year)

7-AGE: 71 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Valentine Etock

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Goetz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Tefel

(Address) 111 N. Monroe St.

15 JAN 24 1915 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9th 1910 to Jan 21-1915, that I saw her alive on Jan 21-1915, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(T.B. Negative on repeated examinations)

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Funck M.D.
DR. J. WM. FUNCK.

JAN 23 1915 (Address) 1631 EUTAW PLACE, BALTIMORE MD.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westen Cem. DATE OF BURIAL: Jan 25, 1915

20-UNDERTAKER: [illegible] ADDRESS: Pimlico Wash

C82149

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C82149

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Cumberland St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olivia Thomas

(Residence in Baltimore: No. 701 Cumberland St. 19~~5~~ yrs. ~~Jan. mos. 22 ds.~~)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1874 (Year)

7-AGE: 40 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Jones Thomas

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Julia Thomas

(Address): 701 Cumberland

15-Filed JAN 24 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1914 to Jan 22 1915, that I saw h~~e~~r alive on Jan 22 1915, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 2, yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), J. Thomas Dulaney M. D.

Jan 23, 1915. [Address] 1103 Fulton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Md | DATE OF BURIAL: Jan 25 1915

20-UNDERTAKER: Owings & Dennis | ADDRESS: 303 Park Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 V C82150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Brown

(Residence in Baltimore: No. 734 W. Franklin St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1840 (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Preacher
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alexander Brown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bell Calhoun

(Address) 734 Franklin

15- JAN 24 1915 ROBERT . KRAUTER
Filed ..... 191.....
Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1914, to Jan. 23 1915, that I saw him alive on Jan. 22 1915, and that death occurred, on the date stated above, at 12 1 m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis & shock Caused by a fall Accidental, fell down step

(Duration) yrs. mos. ds.

(Signed) Jno. G. Otterfield M. D.

Jan. 23, 1915 (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Jan 25, 1915

20-UNDERTAKER James H. Dunn

ADDRESS 1303 Pennsylvania

C82151

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 C82151

CERTIFICATE OF DEATH.

1 PLACE OF DEATH 1006 Greenmount Av. REGISTERED No. C [illegible]

CITY OF BALTIMORE (No.) ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Eccles

(Residence in Baltimore: No. 1006 Greenmount Av. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Male

4 COLOR OR RACE White

5 ~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (Write the word) Widowed

6 DATE OF BIRTH July 14 —, 1853
(Month) (Day) (Year)

7 AGE 62 yrs. mos. ds.

If LESS than 1 day, hrs. or mnts.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Missionary

9 BIRTHPLACE (State or Country) Ireland

PARENTS.

10 NAME OF FATHER Thomas Eccles

11 BIRTHPLACE OF FATHER (State or Country) Ireland

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (State or Country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ignatius Eccels

(Address) 1006 Greenmt Ave

15 JAN 24 1915 Filed ..... 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH January 22, 1915.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - asphyxia - illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Galambos M. D.
(Coroner.)

Jan 23, 1915. (Address) 1 E. W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL Westminster Carroll Co Md DATE OF BURIAL Jan 25. 1915.

20 UNDERTAKER H. C. Waidefeld ADDRESS 914 Greenmt Ave

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82152

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82152

CERTIFICATE OF DEATH.

6 91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 416 N Chester ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul T Kelly.

(Residence in Baltimore: No. 416 N Chester St.; yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Dec (Month) 26th (Day), 1914 (Year)

7-AGE.	If LESS than 1 day,
....yrs....mos. 28 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas F Kelly

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lilly V Cahall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Kelly

(Address) 416 N. Chester St.

15- JAN 24 1915 ROBERT . KRAUTER,
Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Paris

(Duration).....yrs.....mos.....da.

CONTRIBUTORY.....
(Secondary)

....., (Duration).....yrs.....mos.....da.

(Signed) Elyeth L Cassell M. D.
(Coroner.)

Jan 23rd, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	1-25, 1915
20-UNDERTAKER Howard & Culley	ADDRESS 432 Montgomery

C82153

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

170

C82153

REGISTERED No. C

CITY OF BALTIMORE (No. 1039 West Barre. ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Griese

(Residence in Baltimore: No. 1039 West Barre St.: 4 yrs. 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6-DATE OF BIRTH February 9, 1850 (Month) (Day) (Year)

7-AGE 64 yrs. 11 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: house-wife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER John Weisbecker

11-BIRTHPLACE OF FATHER (State or country) Germany.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15. Filed JAN 24 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 20, 1914, to January 23 1915, that I saw h-her alive on January 20, 1915, and that death occurred, on the date stated above, at 9:54 a. m.
The CAUSE OF DEATH* was as follows:
Organic heart disease

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY) Chronic interstitial nephritis

(Duration) 12 yrs. — mos. — ds.

(Signed), Chester Riland M. D.

Jan 23, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: January 25th, 1915

20-UNDERTAKER: Henry F. Browning & Son — ADDRESS 517 N. Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Bks.

082154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110 082154

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Hausesman

(Residence in Baltimore: No. 3104 E. Fayette St St.: yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write which) Married

6-DATE OF BIRTH, December 1 (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John Bryson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Ellison

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Hausesmann

(Address) 534 - 62nd St. Bklyn

15- Filed JAN 25 1915, 191... ROBERT . KRUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 23 1915, that I saw her alive on Jan 23 1915, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Post Operative Fecal Fistula

(Duration) Do not Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation (Shock) 1/21/15

(Duration) yrs. mos. ds.

(Signed) Edward A. Lund M. D.

Jan 23 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? Do not Know

Former or usual residence 3104 E Fayette St

19-PLACE OF BURIAL OR REMOVAL, Brooklyn N.Y.

DATE OF BURIAL, 25, 1915

20-UNDERTAKER George A Farley

ADDRESS Fulton & Lombard

important. See instructions on back of certificate.

C82155

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C82155

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 435 W Henrietta St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Ross

(Residence in Baltimore: No. 435 W Henrietta St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Male~~ Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept. (Month) 27 (Day), 1874 (Year)

7-AGE: 40 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Thomas Gray

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Annie Williams

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred Ross

(Address) 435 W Henrietta St

15- Filed JAN 25 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Jan 22 1915, that I saw h[illegible] alive on Jan 22 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 3 ds.

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed) H S M Caird M. D.

Jan 23 1915 [Address] 1005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ..., In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 26 191...

20-UNDERTAKER: J. E. Brown & Son

ADDRESS: 1128 N. Monty St.

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82156

CERTIFICATE OF DEATH.

19 C82156

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Smith

(Residence in Baltimore: No. 1128 Russell St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 15, 1838
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Nic

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith

(Address) 1128 Russell St

15- JAN 25 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 4, to Jan 22 1915, that I saw h.... alive on Jan 22 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

..... (Duration)...1...yrs.....mos...22...ds.

CONTRIBUTORY (Secondary) H. A. Fahrer

..... (Duration)...1...yrs.....mos...22...ds.

(Signed) C. H. Force M. D.

Jan 22, 191.5. (Address) 717 S. Chapel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion St

DATE OF BURIAL, Jan 25, 191.5

20-UNDERTAKER J. H. Brown & Son

ADDRESS 1217 N. Monty

C82157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 C82157

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1846 McHenry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Sparrow

(Residence in Baltimore: No. 1846 Mc Henry St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, ... Jan. (Month) 22nd (Day) 1915 (Year)

7-AGE, ...yrs. mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Lewis G. Sparrow

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Iva Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Sparrow

(Address) 1846 Mc Henry

15- Filed JAN 25 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Jas. F. Hunter Jr. (Coroner) M. D.

Jan 24th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Jan 25, 1915

20-UNDERTAKER, Joseph B. Cook ADDRESS 1003 N. Gales St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82158

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C82158

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED No. C.

CITY OF BALTIMORE: (No. Key Highway) (St.) (Ward)

2-FULL NAME E. J. Johnson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. U. S. Marine Hospital St.; 1 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), (Day), 1847 (Year)

7-AGE: 67 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) his statement on admission
(Address) to Hospital

15- Filed JAN 25 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 23 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 16, 1914 to, January 23 1915, that I saw him alive on January 23 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows: (Descending Colon) Sigmoid Flexure
Ulceration of the Colon, End of Rectum (Cancer, Tuberculosis, etc.) Cancer
Granular Kidney & both Aortic & Mitral Valve Disease (Duration) 1 yrs 6 about ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed) W. R. Carlin M. D.
Jan 23, 1915 [Address] U.S. Marine Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death yrs 9 mos 7 ds. In the State yrs — mos — ds.
Where was disease contracted, if not at place of death?
Former or usual residence U S Marine Hospital

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel
DATE OF BURIAL: Jan 25, 1915

20-UNDERTAKER: Lilly & Zuber
ADDRESS: 408 S. Mayfield

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Eugene Douglas
730 N Gilmor St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 082159

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 N Gilmor St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stewart A Geoghegan

(Residence in Baltimore: No. 730 N Gilmor St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: March (Month) ..... (Day), 1847 (Year)

7-AGE: 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Stewart A Geoghegan

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susan Travers

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence Geoghegan

(Address) 730 N Gilmor St

15- JAN 25 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 23rd (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1915, to, Jan 23 1915, that I saw h[illegible] alive on Jan 23 1915, and that death occurred, on the date stated above, at 2 a.m.,

The CAUSE OF DEATH* was as follows:

Hemiplegia, caused by arteriosclerosis - 3 hours
(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) arteriosclerosis
(Duration) 3 yrs — mos — ds.

(Signed), Eugene Douglas M. D.

Jan 24, 1915 [Address] 830 W. North ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (i) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 20, 1915

20-UNDERTAKER: M Faher & Son — ADDRESS: 501 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82160 HEALTH DEPARTMENT--CITY OF BALTIMORE C82160

CERTIFICATE OF DEATH

Registered No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 17 W Preston St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B Hacker

(Residence in Baltimore: No. 17 W Preston St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Aug 13, 1869 (Month) (Day) (Year)

7-AGE 45 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Pennsylvania

PARENTS

10-NAME OF FATHER Edwin Hacker

11-BIRTHPLACE OF FATHER (State or country) Pa

12-MAIDEN NAME OF MOTHER Annie Colby

13-BIRTHPLACE OF MOTHER (State or country) Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Gertrude Collins

(Address) 17 W Preston St

15. Filed JAN 25 1915, 191 HARRY S. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1914, to Jan 23, 1915, that I saw him alive on Jan 23, 1915, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs
Cardiac Dilatation

(Duration) 2 yrs. mos. 1 ds

Contributory (SECONDARY) Organic heart disease

(Duration) yrs. 6 mos. ds.

(Signed) J. T. Jeffers M. D.

Jan 23, 1915 (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 25, 1915

20-UNDERTAKER: W J Tilden & Sons — ADDRESS: Mount Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82161

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 C82161

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1129 W Franklin ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Carter

(Residence in Baltimore: No. 1129 W. Franklin St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: unknown, 1 ..... (Month) (Day) (Year)

7-AGE: 73 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Tm Bunnyham

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: May Hall

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cathine Diehpe

(Address) 1129 W Franklin St

15.

Filed ..... 191 HARRY S. ANDREWS, REGISTRAR

JAN 25 1915 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 23, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1914, to Jan 23, 1915, that I saw h[illegible] alive on Jan 22, 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Fracture of the Femur
(accidental Fall) (Duration) 1 yrs. ..... mos. 20 ds

Contributory (SECONDARY) Paralysis
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Frank W Gunn M. D.

Jan 24, 1915 (Address) 322 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jan 26 1915

20-UNDERTAKER: John Gorman & Son

ADDRESS: 901 Dolphin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82162

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1742 N Bond ST.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Porter

(Residence in Baltimore: No. 1742 N Bond St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February (Month) 15th (Day), 1855 (Year)

7-AGE 59 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Hugh Porter

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Sophia Elizabeth Herold

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Porter

(Address) 1742 N. Bond st

15- Filed JAN 25 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah J. Powell M. D. (Coroner.)

Jan 23 29 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Jan. 25th, 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—5-19-13—M. & T.—500 Bks.

C82163 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C82163

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2010 Eastern Ave. W. WARD)

2-FULL NAME John Henry Richter

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2010 Eastern Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1864 (Year)

7-AGE, 50 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Ludwig Richter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Sicks

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Richter

(Address) 2010 Eastern Ave

15- Filed JAN 25 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to Jan 23 1915, that I saw h im alive on Jan 22 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Mitral Insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilated heart

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed) W. J. McAvoy M. D.

Jan 24 1916. (Address) 809 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
1st German	Jan 26 1915.
20-UNDERTAKER Peter Nicolaus	ADDRESS 2046 Eastern Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82164 × 91 C82164

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob S. Miller

(Residence in Baltimore: No. Grantsville, Md. St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 12, (Month) (Day) 1852 (Year)

7-AGE, 62 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Somerset Co. Pa.

PARENTS.

10-NAME OF FATHER, Samuel Miller

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co. Pa.

12-MAIDEN NAME OF MOTHER Lina Schwetzentube

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Deardorff

(Address) Johns Hopkins Hospital

15- JAN 25 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1915, to January 25 1915, that I saw h.. alive on January 25 1915, and that death occurred, on the date stated above, at 1:10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration)....yrs....mos. 17 ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart (Mitral Regurgitation)

(Duration) 28 yrs....mos....ds.

(Signed) Stanhope Bayne-Jones M. D.

Jan. 25, 1915 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 26 ds. In the State 37 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Grantsville, Md.

19-PLACE OF BURIAL OR REMOVAL, Grantsville Md — DATE OF BURIAL, Jan. 26, 1915

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Bradley

C82165

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82165

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1707 Lancaster ST.: W WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladislawa Bawlowski

(Residence in Baltimore: No. 1707 Lancaster St.: 25 yrs. — mos. — ds.)

Name is Introduced Upon Certificate as Lotta Barylski

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	single

6-DATE OF BIRTH May (Month) (Day), 1888 (Year)

7-AGE 26 yrs. 8 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Michael Bawlowski

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Zelenska

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Bawlowski

(Address) 1707 Lancaster St.

JAN 25 1915 Filed, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1915, to Jan. 22 1915, that I saw her alive on Jan. 22, 1915, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Tubercular peritonitis

(Duration) 1 yr. mos. ds

Contributory (SECONDARY) Cardiac dilatation

(Duration) yrs. mos. 2 ds.

(Signed), P. C. McCutcheon M. D.

Jan. 25, 1915 (Address) 1420 E Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Rosary, | DATE OF BURIAL Jany 27th, 1915

20-UNDERTAKER M. F. Sadowski | ADDRESS 905 S. Ann St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82166

HEALTH DEPARTMENT—CITY OF BALTIMORE 167

C82166

CERTIFICATE OF DEATH.

PLACE OF DEATH MARYLAND GENERAL HOSPITAL,

CITY OF BALTIMORE (No. LINDEN AVENUE & MADISON ST ST.: 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME. LOUISE A. THOMAS,

(Residence in Baltimore: No. 309 WYMAN AVE. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female,	White,	Single,

6-DATE OF BIRTH, November (Month) 6th (Day), 1913. (Year)

7-AGE, 1 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jesse A. Thomas,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Lula A. Lowrie,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse A. Thomas,

(Address) 309 Wyman Avenue.

15- JAN 25 1915 191 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) did that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

SHOCK; CAUSED BY ACCIDENTALLY FALLING INTO A TUB OF HOT WATER THEREBY RECEIVING A SCALDING. (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Hampe (Coroner.) M. D.

Jan. 25, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, 1-26, 1915.

20-UNDERTAKER Wm Cook ADDRESS North & Fremont

Spec.—8-24-14—M. & T.—2000 Bks.

C82167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C82167

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3755 Morley ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Poole

(Residence in Baltimore: No. 3755 Morley St.; yrs., mos. ds.)

Nurse to Tuberculeses Nurses Assist as John (William Henry) Poole

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April 11, 1878 (Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS:

10-NAME OF FATHER, John A. Poole

11-BIRTHPLACE OF FATHER (State or Country), Frederick co

12-MAIDEN NAME OF MOTHER, Ellen Bellehmet

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lyon

(Address) 3755 Worley St

15- Filed JAN 25 1915 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to Jan 23 1915, that I saw h.m alive on Jan 22 1915, and that death occurred, on the date stated above, at 5 15 A m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

(Signed) Howard U Jones M. D.

Jan 23, 1915. (Address) Hennig Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan 26, 1915.

20-UNDERTAKER William Cook ADDRESS 507 E North Ave

Important. See instructions on back of certificate.

C82168

HEALTH DEPARTMENT—CITY OF BALTIMORE

152 C82168

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1517 Ramsay St.: 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Kleinbeum

(Residence in Baltimore: No. 1517 Ramsay St.; yrs., mos. 1/2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Infant

6-DATE OF BIRTH, Jan. (Month) 23rd (Day), 1915 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 12 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Harry Kleinbeum

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Maude Tracey

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Kleinbeum

(Address) 1517 Ramsay St

15- JAN 25 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Sam'l Weinstein M. D. (Coroner)

Jan. 24th, 191.5 (Address) 702 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Union Cem.	Jan. 25, 1915
20-UNDERTAKER	ADDRESS
Sam L. Metz	1778 Ramsay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Riverside ave ST.: 24 WARD)

2-FULL NAME Salvatore Brocato.

(Residence in Baltimore: No. 1401 Riverside ave St.; 15 yrs. mos. ds.)

REGISTERED No. C 170 C82169

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word) Married

6-DATE OF BIRTH March 2nd 1858
(Month) (Day) (Year)

7-AGE 56 yrs. 10 mos. 21 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Stormaker.
(b) General nature of industry, business, or establishment in which employed (or employer) Repairer.

9-BIRTHPLACE (State or country) Italy

PARENTS

10-NAME OF FATHER Pasquale Brocato.

11-BIRTHPLACE OF FATHER (State or country) Italy -

12-MAIDEN NAME OF MOTHER Lucia Ceraui.

13-BIRTHPLACE OF MOTHER (State or country) Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Brocato -

(Address) 220 E Cross St -

15- JAN 25 1915 HARRY O. ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 23rd 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec - 10, 1914, to Jan. 23 - 1915, that I saw him alive on Jan 23 - 1915, and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Uremic Nephritis -

(Duration) 6 yrs. mos. ds.

Contributory (SECONDARY) Myocarditis -

(Duration) yrs. 1 mos. ds.

(Signed) S. Demarco M. D.

Jan 24th 1915. [Address] 1614 Fleet

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Jan. 26 1915

20-UNDERTAKER Dd M. D. Flynn

ADDRESS 1422 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82170

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82170

104

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1709 Jackson St. 24 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Kenneth T. Shultz

(Residence in Baltimore: No. 1709 Jackson St.: 1 yrs. 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June 30, 1913 (Month) (Day) (Year)

7 AGE: 1 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Edward A Shultz.

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Georgana Percell

13 BIRTHPLACE OF MOTHER (State or country): Virginia.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgana Shultz.

(Address) 1709 Jackson St.

15 Filed JAN 25 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 24, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1915, to Jan. 23 1915, that I saw him alive on Jan. 23, 1915, and that death occurred, on the date stated above, at 7.30a.m.
The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

about 7 (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Indigestion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Seabury M. D.

Jan 25, 1915 (Address) 624 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Jan 25 1915

20 UNDERTAKER: D. J. M. Flynn — ADDRESS: 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82171

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 C82171

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 333 W. Preston St. St.; 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha Gant

Residence in Baltimore: No. 333 W. Preston St. St.; 50 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ... (Month) ... (Day) 1862 (Year)

7 AGE: 53 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Lewis Scott.

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Raider

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Gant

(Address) 333 W. Preston St.

15 JAN 25 1915 Filed ..., 191.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 24th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 18th, 1915, to January 24th 1915, that I saw h— alive on January 24th 1915, and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Obstruction of Bowels
of 3 or 4 days Duration

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Emesis followed by heart failure & collapse

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin C. Noel M. D.

January 25, 1915 (Address) 1210 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Cem	Jan 27, 1915
20 UNDERTAKER	ADDRESS
Geo. D. Holland	Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

C82172

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C82172

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elnor Smith

(Residence in Baltimore: No. 1121 Mason-Alley St.; —yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, Unknown ....., 1871.
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida Smith

(Address) 1121 Mason alley

15- Filed JAN 25 1915 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1915, to Jan 24 1915, that I saw her alive on Jan 24 1915, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Myo-Cardial Degeneration

(Duration) ....yrs. ?....mos. 24 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (Duration) 3 yrs. ? mos. 24 ds.

(Signed) Joshua L. Feasley M. D.

1/24/15 191. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1121 Mason Alley

Former or usual residence 1121 Mason alley

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan 27 1915.

20-UNDERTAKER Geo. H. Holland ADDRESS 717 Robert st

Spec.—5-19-13—M. & T.—500 Bks.

C82173

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82173

CERTIFICATE OF DEATH. 151

1-PLACE OF DEATH West End Maternity

CITY OF BALTIMORE: (No. 102 N Calhoun ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Holland

(Residence in Baltimore: No. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 22, 1915

7-AGE, yrs. mos. ds. If LESS than 1 day. 18 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Kenneth Wilson

11-BIRTHPLACE OF FATHER (State or Country) Howard Co.

12-MAIDEN NAME OF MOTHER Viola Holland

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) Clarksville Md

15- JAN 25 1915 Filed 191... BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

12718

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21 1915, to Jan. 22 1915, that I saw her alive on Jan. 22 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition
(Congenital)
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Geo. T. Jaeger M. D.

Jan. 22 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 1 ds.

Where was disease contracted, if not at place of death? Congenital

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ... 191...

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

JAN 25 1915

Commissioner Health

FOR ANATOMICAL PURPOSES

C82174 HEALTH DEPARTMENT--CITY OF BALTIMORE C82174

CERTIFICATE OF DEATH

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 334 S. East Ave ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabetty Hegus

(Residence in Baltimore: No. 334 S. East Ave ST.; — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1831 (Year)

7-AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Geo. Goetz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Hausman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Klein

(Address) 932 Linden Ave

15. JAN 25 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 21 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1915, to Jan 21 1915, that I saw h— alive on Jan 21, 1915, and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows:

Ileus - Pneumonia

2 wks (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac failure

(Duration) yrs. mos. 1 ds.

(Signed), [illegible] M. D.

Jan 23, 1915 (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel | DATE OF BURIAL: Jan 25, 1915

20-UNDERTAKER: [illegible] | ADDRESS: 318 Eight Ave

C82175 HEALTH DEPARTMENT---CITY OF BALTIMORE C82175

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1722 Aliceanna ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Dobzykowski.

(Residence in Baltimore: No. 1722 Aliceanna St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 34 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Joseph Dobzykowski

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Anna Lewandowski

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Anna Dobzykowska

(Address): 1722 Aliceanna St.

15-JAN 25 1915 Filed....., 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18, 191.., to, Jan 20 191.., that I saw h.. alive on Jan 23 191.., and that death occurred, on the date stated above, at 2.45 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 8 ds.

Contributory (SECONDARY) (Heart-dextrocardia)

(Duration) yrs. mos. ds.

(Signed), H. Wilentz M. D.

Jan 25 1915 [Address] 16 O Brady

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. — In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: H. Stanislaus — DATE OF BURIAL: Jany 26th 1915.

20-UNDERTAKER: M. F. Sadowski. — ADDRESS: 705 S. Ann St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82176 C82176

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hoffmeister

(Residence in Baltimore: No. 1407 Eastern Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Unknown, ... (Month) ... (Day) ... (Year)

7-AGE, 71 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ex-Soldier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Hoffmeister

(Address) 1407 Eastern Ave

15. JAN 25 1915 Filed ..., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 23 1914, to January 23 1915, that I saw him alive on January 22 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency 4
Chronic Nephritis 3

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Howard H. Warner M. D.

Jany. 23 1915. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1407 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, ..., 191...

20-UNDERTAKER John E Hughes

ADDRESS 1422 Lemmon Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 C82177

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde L Moyer

(Residence in Baltimore: No. 810 Glover St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July 8th, 1912 (Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Clyde L Moyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Florence De Haven

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clyde L. Moyer

(Address) 810 Glover St

15-JAN 25 1915 HARRY O. ANDREWS

Filed....., 191....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Jan 24 1915, that I saw him alive on 1 11 23 1915, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

Acute Pulmonary Edema

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. 14 ds.

(Signed) C. C. Stokes M. D.

Jan 24, 1915. (Address) 2000 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Jan 27, 191.5

20-UNDERTAKER Robert J Turner

ADDRESS 1447 Bdway

CAUSE OF DEATH must be plainly written, and should not be signed unless the statements are true to the best of knowledge and belief. Every question should be answered, and if any be unanswered, the certificate will be returned for correction. Every certificate must be signed by a physician, if there be one in attendance, and by the undertaker. Any person who knowingly makes a false statement in a certificate is guilty of a misdemeanor. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82178 — 173 — C82178

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Edwards Barnes

(Residence in Baltimore: No. 1619 McElderry St; 56 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, ..., 1 ... (Month) (Day) (Year)

7-AGE, 56 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, William Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Chambers Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Edwards

(Address) 1619 McElderry St

15- JAN 25 1915 Filed ..., ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1915, to Jan 24 1915, that I saw h[illegible] alive on Jan 23 1915, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of the Liver

[illegible] (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

one week (Duration) ... yrs. 0 ... mos. 7 ... ds.

(Signed) Edward Dick M. D.

Jan 25, 1915. (Address) 1617 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	Jan 27, 1915.
20-UNDERTAKER	ADDRESS
Chas C. Bailey	1421 Gilmor St

Property of Department. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82179

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82179

CERTIFICATE OF DEATH.

REGISTERED No. C 70

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dougherty

(Residence in Baltimore: No. 210 S. High St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
52 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Mercy Hospital

(Address)

15- FILED JAN 25 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31 1914, to Jan 24 1915, that I saw him alive on Jan 24 1915 and that death occurred, on the date stated above, at 1250 m.

The CAUSE OF DEATH* was as follows:

Infection of Knee

Cause

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

Cause

(Duration) yrs. mos. 20 ds.

(Signed) Edward A. Smith M. D.

Jan 25, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State 15 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 210 S. High St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Catholic Cemetery	1/26, 1915
20-UNDERTAKER Henry W. Meays & Son	ADDRESS 805 N. Calvert

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82180

C82180

CERTIFICATE OF DEATH.

108

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Rosenthal

(Residence in Baltimore: No. 2662 Delaney St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word) Married

6-DATE OF BIRTH, Dec. 3 (Month) (Day) 1901 (Year)

7-AGE, 13 yrs. 1 mos. 20 ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Gustav Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Berger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy

(Address) Hospital

15- Filed JAN 25 1915, 191 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 1915, to Jan 23, 1915, that I saw her alive on Jan. 23, 1915 and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Appendicitis

(Duration) yrs. mos. Do not Know ds.

CONTRIBUTORY (Secondary) acute Dilatation of Stomach Fol. Oper. 1/21/15.

(Duration) 5 yrs. mos. 21 ds.

(Signed) Edward A. Smith M. D.

Jan 23 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. | In the State Life ds.

Where was disease contracted, if not at place of death? 2662 Delaney St

Former or usual residence 2662 Delaney St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. | DATE OF BURIAL, Jan 26th 1915

20-UNDERTAKER Charles W. Dill. | ADDRESS 3139 Frederick Ave.

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82181

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

36 C82181

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 811 N. Bruce ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. E. Evans

(Residence in Baltimore: No. 811 N. Bruce St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 1 (Month) 21 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Chas E Evans

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Annie Tappin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E Evans

(Address) 811 Bruce St

15- Filed JAN 25 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-21-15 191..., to 1-24 191 5, that I saw h in alive on 1-23 191 5, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Difficult Labor

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Rachitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) F. M. Carlson M. D.

1-25, 1915 (Address) 1524 Hillen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, Jan 26, 1915

20-UNDERTAKER Adams & Lynch ADDRESS 1364 Mad

Space is provided on this certificate for answering all questions which are important. See instructions on back of certificate.

C82182

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82182

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE (No. 2308 Reisterstown Rd St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma McAfee Godwin

(Residence in Baltimore: No. 2308 Reisterstown Rd St.; 7 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH March 4 (Day) 1860 (Year)

7-AGE 54 yrs. 10 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Georgia

PARENTS

10-NAME OF FATHER William Wesley McAfee

11-BIRTHPLACE OF FATHER (State or country) Georgia

12-MAIDEN NAME OF MOTHER Adeline L. Freeze

13-BIRTHPLACE OF MOTHER (State or country) Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E Godwin

(Address) 2308 Reisterstown Rd

15- Filed JAN 25 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 25 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1915, to, Jan 25 1915, that I saw h-er alive on Jan 24 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (Duration) ..... yrs 2 mos ..... ds

Contributory (SECONDARY) Cardiac Asthenia

..... (Duration) ..... yrs ..... mos 5 ds

(Signed), E William Frey M. D.

Jan 25 1915 [Address] 1928 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 26, 1915.

20-UNDERTAKER D. P. Cole

ADDRESS 1003 N. Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82183

CERTIFICATE OF DEATH.

19 C82183

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Callow Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Hollander

(Residence in Baltimore: No. 2211 Callow Ave St.; 90 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 12th (Day), 1836 (Year)

7-AGE,	If LESS than 1 day,
78 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Hollander

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hollander

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno M. Kentzy

(Address) 2211 Callow Ave

15- JAN 25 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1914, to Jan 24 1915, that I saw him alive on Jan 21 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Arteriosclerosis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C Ulman Demuth M. D.

Jan 25, 1915. (Address) 81 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	Jan 26, 1915
20-UNDERTAKER Harris Sondheim	ADDRESS 1824 Druid Park

important. See instructions on back of certificate.

C82184

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C82184

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2510 N. Baltimore ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Reifenback

Residence in Baltimore: No. 2510 N. Bacee St (Or Length of Residence in Institution) 4M0 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June (Month) 20 (Day), 1836 (Year)

7-AGE: 78 yrs. 7 mos. 5 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Pfister

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline Arongibi

(Address) 2510 N. Balto St.

15. JAN 25 1915 191 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1915, to Jan 25 1915, that I saw h-er alive on Jan 25, 1915, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Theo A Schaefer M. D.

Jan 25, 1915 (Address) 2505 N Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 27th, 1915

20-UNDERTAKER: F B Kuhnert — ADDRESS: 2238 Frederick Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82185

CERTIFICATE OF DEATH.

91 C82185

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 Sanducke Lane ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C Machen

(Residence in Baltimore: No. 40 Sanducke Lane St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, January 20th, 1915 (Month) (Day) (Year)

7-AGE: ... yrs. ... 3 ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): U S Baltimore Md

PARENTS.

10-NAME OF FATHER, Raymond L Machen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md

12-MAIDEN NAME OF MOTHER, Rosie Klemm

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond L Machen

(Address) 40 Sanducke Lane

15- JAN 25 1915 ROBERT . KRAUTER

Filed ..... 191 ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 24 1915, that I saw him alive on Jan 24 1915, and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

Contributory

(Duration) ... yrs. ... mos. 3 ... ds.

CONTRIBUTORY (Secondary) Heart

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. W. Kennard M. D.

Jan 26, 1915 (Address) 708 Eastern Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Jan 26, 1915

20-UNDERTAKER, F B Kephart ADDRESS 2238 Frederick Av

Should be plainly filled in, as may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82186 — 8 C82186

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1462 Woodall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Thomas Blackley

Residence in Baltimore: No. 1462 Woodall St.; 1 yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, ... (Month) 14 (Day) 1[illegible] (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Thomas J. Blackley

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Rosa E. Hutchins

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Wesley Hutchins

(Address) 1462 Woodall St

15- Filed JAN 25 1915 ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 2 nd 1915, to Jan. 23 rd 1915, that I saw him alive on Jan 22nd 1915, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchp-Pneumonia

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ..... yrs. 2 mos. 10 ds.

(Signed) P. B. Towles M. D.

1/25, 1915. (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Jan. 26, 1915

20-UNDERTAKER H. & M. L. Flynn — ADDRESS 1412 Light St.

"CAUSE OF DEATH" in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82187

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82187

CERTIFICATE OF DEATH.

178

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Rear N. 804 N Carline ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Richardson

(Residence in Baltimore: No. 826 N Carline St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec (Month) 17th (Day), 1838 (Year)

7-AGE, 76 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Herman Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Schotte

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Christ

(Address) 826 N. Caroline St.

15- Filed JAN 26 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accidental) Drowning Found in ann Abbey

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

Jan. 25, 1915. (Address) 425 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 26 1915

20-UNDERTAKER A. Finkelson — ADDRESS 915 N. Gay St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82188

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82188

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 W Baltimore St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Nelson Kemder

(Residence in Baltimore: No. 1035 W Baltimore St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Nov. 29th, 1909
(Month) (Day) (Year)

7-AGE, 5 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Howard F. Kemder

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Gertrude Bafford

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard N. Kemder

(Address) 1035 W Balto St

15- JAN 26 1915 Filed....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Jan 25 1915, that I saw h— alive on Jan 25 1915, and that death occurred, on the date stated above, at 9.15 p m.

The CAUSE OF DEATH* was as follows:

Laryng. Diphtheria

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Dyspnoea

(Duration) yrs. mos. 1 hr

(Signed) F. M. Landon M. D.

Jan 26, 1915. (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park, DATE OF BURIAL, Jan 27th, 1915.

20-UNDERTAKER D. D. Foos ADDRESS 603 N. Balto St

4 P.M.

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Property classified. This form, as filled in may be property

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82189

CERTIFICATE OF DEATH.

170 C82189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 1 St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Owens Bennett

(Residence in Baltimore: No. 2900 E. Pratt St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 23, 1870
(Month) (Day) (Year)

7-AGE, 44 yrs. 4 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Short Town Md.

PARENTS.

10-NAME OF FATHER, George Gosley Bennett

11-BIRTHPLACE OF FATHER (State or Country), Slay Town Md

12-MAIDEN NAME OF MOTHER Mary Fletcher

13-BIRTHPLACE OF MOTHER (State or Country), Slay town Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Bennett

(Address) 2900 E. Pratt St.

15- JAN 26 1915 HARRY O. ANDREWS,
Filed ..... 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23 1915, to Jan. 24 1915, that I saw h[illegible] alive on Jan. 24 1915, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) [illegible] yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

(Duration) 4 yrs. mos. ds.

(Signed) H. P. Wagner M. D.

Jan. 24, 1914 (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2900 E Pratt St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 27, 1915

20-UNDERTAKER Lilly & Geier

ADDRESS 1025 W. Wolfe St.

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82190

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

92 C82190

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hos ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Picchinini

(Residence in Baltimore: No. 302 N. Exeter St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 1, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Picchinini

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Angela Donato

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Cuney

(Address) 1 N Hoch

15- JAN 26 1915. HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Jan 25 1915, that I saw h[illegible] alive on Jan 25 1915, and that death occurred, on the date stated above, at 11:10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia acute primary

(Duration) P. yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. A. Baetjer M. D.

Jan. 25, 1915. (Address) 1 N. Hoch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 2 mos. 25 ds. In the State....yrs. 2 mos....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 302 N. Exeter St

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Jan. 26, 1915.

20-UNDERTAKER Lilly & Zirkin ADDRESS 1403 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

C82191

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C82191

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1411 Gorsuch ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ignatius Kuhn

(Residence in Baltimore: No. 1411 Gorsuch ave St.; 21 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 18 (Day) 1834 (Year)

7-AGE: 80 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tobacco chaw
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Adams Co Pennsylvania

PARENTS

10-NAME OF FATHER: John Kuhn

11-BIRTHPLACE OF FATHER (State or country): P.A.

12-MAIDEN NAME OF MOTHER: Susan Matthias

13-BIRTHPLACE OF MOTHER (State or country): P.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Kuhn

(Address) 1411 Gorsuch Ave

JAN 26 1915
Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Jan 25 1915, that I saw him alive on Jan 25 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(Duration) yrs mos ds.

Contributory (SECONDARY) Exhaustive Coma

(Duration) yrs mos 9 ds.

(Signed) H. Young Westbrook M. D.

Jan 25 191 (Address) 1408 Gorsuch Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Calvary Cem. DATE OF BURIAL: Jan 27 191

20-UNDERTAKER: William Cook ADDRESS: 707 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82192

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C82192

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Sargent ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Crosby

(Residence in Baltimore: No. 1109 Sargent St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 5th (Month) (Day), 1869 (Year)

7-AGE: 45 yrs. 8 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Andrew Crosby

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Knull

(Address) 912 Columbia Ave

15 JAN 26 1915 Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 1915, to, Jan 25 1915, that I saw h~~im~~ alive on Jan 25 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Stanley Stone M. D.

Jan 26 1915 [Address] 729 Columbia ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jan. 27th 1915

20-UNDERTAKER: Knull & Sons

ADDRESS: 1229 N Pratt st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82193

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 448 E Cross ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L Reynold

(Residence in Baltimore: No. 448 E Cross St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb — 1[illegible]
(Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Watkins

(Address) 448 E Cross St

15 JAN 26 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (Chronic)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) Edward [illegible] M. D.
(Coroner.)

Jan 25, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pt Patapsco	1-26 1915
20-UNDERTAKER E & B Hartz	ADDRESS 115 E Hoffman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82194

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82194

REGISTERED No. C .....

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 806 Dessier St. 17 WARD)

2-FULL NAME Caleb H. Brown Sr.

(Residence in Baltimore: No. 806 Dessier St. St.; 60 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 13th, 1834 (Month) (Day) (Year)

7-AGE: 81 yrs. — mos. 9 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ellicott City, Md.

PARENTS

10-NAME OF FATHER: Elijah Brown

11-BIRTHPLACE OF FATHER (State or country): Ellicott City, Md.

12-MAIDEN NAME OF MOTHER: Priscilla Hall

13-BIRTHPLACE OF MOTHER (State or country): Ellicott City, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary F. Brown

(Address) 806 Dessier St

15 JAN 26 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 22nd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 A.M. Jany 22nd 191.... to 7.00 P.M. Jan 22nd 191.5, that I saw h— alive on Jany 22nd, 191.5, and that death occurred, on the date stated above, at 7.00 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

24 hours (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Louis W. Knight M. D.

Jany 26, 1915 (Address) 414 N. Evane St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 26, 1915

20-UNDERTAKER: Samuel F. Hemsley — ADDRESS: 578 W Biddle St

C82195 HEALTH DEPARTMENT---CITY OF BALTIMORE 28 C82195

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1420 Preastman ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Carroll

(Residence in Baltimore: No. 1420 Prestman ave St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) ..... (Day), 1891 (Year)

7-AGE: 24 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Annapolis Md

PARENTS

10-NAME OF FATHER: Solomon Belden

11-BIRTHPLACE OF FATHER (State or country): Annapolis Md

12-MAIDEN NAME OF MOTHER: Cornelia

13-BIRTHPLACE OF MOTHER (State or country): Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo W Carroll.

(Address) 1420 Prestman St.

15- Filed JAN 26 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10, 1915, to, January 23 1915, that I saw h.... alive on January 23 1915, and that death occurred, on the date stated above, at Noon m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 11 mos., ... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm A. Mc Phail M. D.

Jan 23, 1915 [Address] 1209 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 26, 1915
20-UNDERTAKER: Samuel T Hensley	ADDRESS: 578 N. Fiddle St

N. B.—Every item of information should be carefully applied. Any item which may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. so that it may be properly classified, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82196

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C82196

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 830 BRADLEY STREET, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME FANNIE WILLIAMS,

(Residence in Baltimore: No. 830 BRADLEY STREET,

St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH,

.....Unknown,....., 1..... (Month) (Day) (Year)

7-AGE,

42 ? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work.....Servant,.....

(b) General nature of industry, business, or establishment in which employed (or employer).....Housework,.....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....John Stevens,.....

(Address).....934 Argyle avenue.....

15- JAN 26 1915 Filed....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January (Month) 21st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....ORGANIC HEART DISEASE,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kumpel M. D. (Coroner.)

Jan. 21st 191..5 (Address)...1103 Valley st....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	1.26. 19.15
20-UNDERTAKER	ADDRESS
Samuel J Kennedy	1780 Bridge

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82197

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82197

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2921 Rabes Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillis F. Lane

(Residence in Baltimore: No. 2924 Rabes Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 29th, 1872
(Month) (Day) (Year)

7-AGE, 42 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Morris F Lane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Connor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lane McFarland

(Address) 2921 Rabes Ave

15- JAN 25 1915 Filed....., 191... HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Acute).

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Elijah P. Cowell M. D.
(Coroner.)

Jan 24th, 1915 (Address) 425 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER Geo M. Fyock — ADDRESS 811 N. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

C82198

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C82198

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Drieckes

(Residence in Baltimore: No. 919 Dawn St. St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ...Unknown...., 1.....
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Drury

(Address) J. H. Hosp.

15- JAN 26 1915 HARRY O. ANDREWS
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan..... 23., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Jan 23 1915, that I saw her alive on Jan 23 1915, and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

.....Alimentary Intoxication.....

..... (Duration).....yrs.....mos...16.ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....Alma S. Rolloff.....M. D.

Jan 23 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. 12 ds. In the State .....yrs. 2 mos.....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 919 Dawn St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, JAN 2[illegible] 1915

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82199

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Clayton Court St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Louis Whipp

(Residence in Baltimore: No. 1607 Clayton Court St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 25, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day ... hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Whipp

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hattie Howard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Whipp

(Address) 1607 Clayton Court

15 JAN 26 1915 HARRY O. MORRIS,
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Jan 25 1915, that I saw h[illegible] alive on Jan 25 1915, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 Months Uterogestation

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. E. Y. Campbell M. D.

Jan 25, 1915 (Address) 164 Clinton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] HOSPITAL

DATE OF BURIAL, JAN 25 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82200

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 E. Fayette St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac L. Kader

(Residence in Baltimore: No. 1612 E. Fayette St.; 14 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Kader

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rebecca Socher

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Kader

(Address) 742 N. Payson st.

15- Filed JAN 26 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1915, to Jan 25 1915, that I saw h[illegible] alive on Jan 25 1915, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) several yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) J. S. Corkill M. D.

Jan 26 1915 (Address) 1318 N. Chester st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1612 E Fayette St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rockdale

DATE OF BURIAL, Jan 26 1915

20-UNDERTAKER L. Linman & Bro

ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C82201

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 E Fayette ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Gordon

(Residence in Baltimore: No. 1030 E Fayette St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 70 yrs. mos. ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Cooper

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Gordon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Cooper

(Address) 1030 E Fayette st

15- JAN 26 1915 HARRY C. ANDREWS,

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 26 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2, 1914, to Jan 26 1915, that I saw her alive on Jan 25 1915, and that death occurred, on the date stated above, at 10. A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) 4 yrs. mos. ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. mos. ds.

(Signed) Robert J Green M. D.

Jan 26, 1915. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1030 E Fayette St

19-PLACE OF BURIAL, OR REMOVAL, Mount Olivet Rd | DATE OF BURIAL, Jan 26., 1915

20-UNDERTAKER A Lemmon + Bro | ADDRESS 1107 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C82202

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)
REGISTERED No. C

2-FULL NAME Anvilla Ridgley
(Residence in Baltimore: No. 2300 Barclay St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married
6-DATE OF BIRTH, Dec. 30, 1887
(Month) (Day) (Year)
7-AGE, 27 yrs. 0 mos. 24 ds.
If LESS than 1 day. hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). General
9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Abraham Smith
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Susie Hoskins
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy
(Address) Hospital

15-
Filed JAN 26 1915, 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 23, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1915, to Jan 23 1915
that I saw h[illegible] alive on Jan 23 1915
and that death occurred, on the date stated above, at 12:15 m.
The CAUSE OF DEATH* was as follows:
Uremic Infection following early Miscarriage
(Duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Septicaemia
(Duration) yrs. mos. 15 ds.
(Signed) Edward [illegible] M. D.
Jan. 23, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 15 ds. In the State [illegible] yrs. mos. ds.
Where was disease contracted if not at place of death? 2300 Barclay St.
Former or usual residence 2300 Barclay St.

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Jan 26, 1915
20-UNDERTAKER W. J. Tuckerton ADDRESS North Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82203

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C82203

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST. 19 WARD)

2-FULL NAME Catherine M. Mellen

(Residence in Baltimore: No. 1400 W Lexington St.; 22 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Wht

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE 86 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Carroll Co Md

PARENTS

10-NAME OF FATHER Jacob L Holmes

11-BIRTHPLACE OF FATHER (State or country) Finksburg Md

12-MAIDEN NAME OF MOTHER Catherine Steel

13-BIRTHPLACE OF MOTHER (State or country) Union Bridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella J Jones

(Address) Motor

15 JAN 26 1915 Filed ....., 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 191 4 to, Jan 25 1915, that I saw h..... alive on Jan 24 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart (Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs mos. 2 ds.

(Signed) V L Norwood M. D.

Jan 25 1915 [Address] 939 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 10 yrs 8 mos ds. In the State 22 yrs mos ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Westminster Md. DATE OF BURIAL Jan 27, 1915

20-UNDERTAKER Geo W J Smith ADDRESS Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82204

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E. Preston ST.; 4th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ranken

(Residence in Baltimore: No. 433 E. Preston St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct. 24th, 1858 (Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos. Kane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh F. Ranken

(Address) 433 E. Preston St.

15- Filed JAN 26 1915, 191... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to Jan 24 1915, that I saw her alive on Jan 24 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. 5 ds.

(Signed) James M Farlow M. D.

Jan 26, 1915. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Sem | DATE OF BURIAL. Jan. 27, 191 5

20-UNDERTAKER Frog Moran | ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82205

1 PLACE OF DEATH

CERTIFICATE OF DEATH

50 C82205

REGISTERED No. C

CITY OF BALTIMORE (No. 1021 Hanover St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Mary A. Cole.

3 Residence in Baltimore: No. 1021 E Hanover St. (If not in Baltimore, write the State.)

(If LESS than 1 year, ... yrs. ..... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH Feby. (Month) 16 (Day), 1876 (Year)

7 AGE 38 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Schmidt

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret King

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Cole

(Address) 1021 Hanover St

15 JAN 25 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January (Month) 25th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1913, to January 24 1915, that I saw her alive on January 24th, 1915, and that death occurred, on the date stated above, at 9:50 a m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cons.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Amelia T. Zimmerman M. D.

Jan 26th, 1915. (Address) 1805 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Western Cem. DATE OF BURIAL Jan 28, 1915

20 UNDERTAKER E. Sokoloman & Son ADDRESS 1039 W Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82206

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82206

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 401 N. Fulton Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Claire Nicholls

(Residence in Baltimore: No. 401 N. Fulton Ave St.; 37 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Married

6-DATE OF BIRTH Unknown (Month) 1 (Day) (Year)

7-AGE 37 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Jos E Maguire

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Mary McGuirk

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE

(Informant) W L Nicholls

(Address) 401 N Fulton Ave

15- JAN 26 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1915, to, Jan. 25 1915, that I saw her alive on Jan. 24 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs 1 mos. under my care ds.

Contributory (SECONDARY) Pulmonary hemorrhage

(Duration) yrs 1 mos. ds.

(Signed), J. C. Pound M. D.

Jan 26, 1915 (Address) 302 W. Lombard St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 27 191 5

20-UNDERTAKER: Martin Fahey Jr Son — ADDRESS: 606 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82207

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C82207

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2626 Hudson St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfons Cwiklinsky

(Residence in Baltimore: No. 2626 Hudson St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan. 5, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infants
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Andrew Cwiklinsky

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Prlay yo Rosik,

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Cwiklinsky

(Address) 2626 Hudson St.

15- Filed JAN 26 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 26, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1915, to, Jan. 26 1915, that I saw ~~him~~ alive on Jan. 25 1915, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows: 1a Lobar Pneumonia

..... (Duration) yr. mos. 3 ds.

Contributory (SECONDARY) Cardiac failure

..... (Duration) yrs. mos. ds.

(Signed) Chas Thier M. D.

Jan. 26 1915 [Address] 408 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: H. Harrisons. — DATE OF BURIAL: Jany 27. 1915

20-UNDERTAKER: M. F. Sadowski — ADDRESS: 705 S. Ann St

N. B.—Every item must be answered. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. (Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82208

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C82208

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 114 Colvin ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Warren Tibbs

(Residence in Baltimore: No. 114 Colvin St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ....., 1867 (Year)

7 AGE: 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Sawyer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Tibbs

(Address) 114 Colvin St

15 Filed JAN 26 1915 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 23 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1914, to Jan 23 1915, that I saw h[illegible] alive on Jan 18, 1915, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Rheumatism

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... O E Tully M. D.

Jan 24, 1915 (Address) 500 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Asbury-Cem. DATE OF BURIAL 27 Jany 27 1915

20 UNDERTAKER: R Hallett ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82209

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 C82209

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1601 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Anderson Boyd

(Residence in Baltimore: No. 1601 N. Chester St.; 72 yrs. 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Aug (Month) 5 (Day), 1842 (Year)

7-AGE: 72 yrs. 6 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Freyer

(Address) 1601 N. Chester St

15- Filed JAN 26 1915

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1915, to, Jan 25 1915, that I saw h.r alive on Jan. 25 1915, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis,

(Duration) ..... yrs ..... mos. 5 ds.

Contributory (SECONDARY) Old age

(Duration) — yrs — mos. — ds.

(Signed), Wm J Krauter M. D.

Jan 26, 1915 [Address] 2128 St Paul

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Cemetery — DATE OF BURIAL: Jan 27 1915

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82210

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 C82210

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N Bond St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reinner L. Remmers

(Residence in Baltimore: No. 925 N Bond St.; unknown yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March (Month) 13 (Day) 1872 (Year)

7-AGE 42 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Reinner Remmers

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Margaret Sprins

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Remmers

(Address) 925 N. Bond St

15-JAN 26 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 24th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to, Jan 24 1915, that I saw h... alive on Jan 23 1915, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cellulitis Patrick

(Duration) yrs. mos. 1 ds.

(Signed) E. E. Ellert M. D.

Jan 26 1915 [Address] 1419 E Eager

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery DATE OF BURIAL Jan 27 1915

20-UNDERTAKER Henry Lutz ADDRESS 1007 N. Bond

C82211

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C82211
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 W 23rd ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Francis Morgan

(Residence in Baltimore: No. 211 W 23rd St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November (Month) (Day), 1842 (Year)

7-AGE: 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): West Virginia

PARENTS

10-NAME OF FATHER: Richard Hamilton

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Susan Hedrick

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Sarah Arment.

(Address): 211 W 23rd St.

15. JAN 26 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 8th, 1915, to January 24 1915, that I saw h[er] alive on January 24. 1915, and that death occurred on the date stated above at 2.45 A. m.
The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY): Grippe

(Duration) yrs. mos. 16 ds.

(Signed) C. J. Dames M. D.

1/25, 1915 (Address) 800 W 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hallstown W. Va. DATE OF BURIAL: Jan 27, 1915

20-UNDERTAKER: Unsworth's Son. ADDRESS: 361 Chestnut ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFE · ACID PROOF

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 20

C82212

CERTIFICATE OF DEATH.

C82212

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Catherine Migon.

(Residence in Baltimore: No. Woodlawn, Md. St.; ..... yrs., ... mos., 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 26, 1859
(Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Thomas Cadrgan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Beirdle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. F. Migon

(Address) Frankletown Md.

15- Filed JAN 26 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Jan. 26 1915, that I saw her alive on Jan. 26 1915, and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Pyemia
(Post operative)

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis & Senility

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) E. D. Jackson M.D.

Jan. 26, 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State 55 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Woodlawn Md.

Former or usual residence Woodlawn, Md.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan. 29..., 1915.

20-UNDERTAKER Jas. B. Cook ADDRESS 1003 W. Balto

Spec.—5-10-13—M. & T.—500 Bks.

C82213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 82 C82213

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. North Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Jennie D. Emmons

Residence in Baltimore: No. Westminster Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 11 (Day), 1863 (Year)

7-AGE, 51 yrs. 00 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Carroll Co., Md.

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co., Md.

12-MAIDEN NAME OF MOTHER Caroline Cookson

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin B. Fraley

(Address) 1223 N. Caroline St.

15- Filed JAN 27 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to Jan 26 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....Pulmonary Embolus

..... (Duration) ....yrs. ....mos. 3 hrs

CONTRIBUTORY (Secondary) Iliac Thrombosis

..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) D. Gaunnell Stan M. D.

(Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL. Westminster, Carroll Co. Md

DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER John B. Spencer

ADDRESS 1325 N Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 144 C82214

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bailey

(Residence in Baltimore: No. Mt Carmal Md St.; ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
54 yrs. ... mos. ... ds.	... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) [illegible]

15- JAN-27 1915 HARRY O. ... Filed ..., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Jan 26 1915, that I saw h[illegible] alive on Jan 26 1915, and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Abcess of duct wall C.

Bronchopneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul H. Clough M. D.

Jan 26 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Unknown ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence Mt. Carmel, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Asbury	Jan 27, 1915.
20-UNDERTAKER	ADDRESS
John W Henderson	317 Carola

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82215

CERTIFICATE OF DEATH.

119 C82215

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2304 Hunter ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Dell

(Residence in Baltimore: No. 2309 Hunter St.: 40 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1851 (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): Coal and unloading vessels

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

16-NAME OF FATHER, Moses Dell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Jenkins

(Address) 2309 Hunter St.

15- Filed JAN 27 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 1 (Day) 25, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Jan 24 1915, that I saw him alive on Jan 24 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Acute Nephritis.

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) R. Garland Grinnell M. D.

Jan 25, 1915. (Address) 424 East 23 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 27, 1915

20-UNDERTAKER John H. Toadvine

ADDRESS 142 Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

C82216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82216

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Chalz

(Residence in Baltimore: No. 1415 N Gay St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fmal	White	Widow

6-DATE OF BIRTH, 2nd Jan, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Carl Schleeter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theodore Schleeter

(Address) 2114 Jefferson St

15-JAN 27 1915 Filed ..... 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 22 1915, to January 26 1915, that I saw her alive on January 25 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Walter W White M. D.

Jan 26, 1915 (Address) 1101 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery | DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER Henry Storck & Son | ADDRESS 201 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82217

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Amby

(Residence in Baltimore: No. 1007 N. Durham St.; —yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 24, (Month) (Day), 1876 (Year)

7-AGE, 38 yrs. 11 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Amby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Wayman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Amby

(Address) 1007 N. Durham St.

15- JAN 27 1915 HARRY O. ANDREWS, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1915, to Jan. 25, 1915, that I saw him alive on Jan. 24, 1915, and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

..... (Duration).....yrs. 2 mos.....ds.

(Signed) L. C. Robinson M. D.

Jan. 25, 1915. (Address) 611 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, Jan. 28 1915

20-UNDERTAKER John H Owens — ADDRESS 1122 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82218

CERTIFICATE OF DEATH.

92 C82218

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Christian ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jos. Strycek

(Residence in Baltimore: No. 2531 Christian St.; ....yrs.....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, January 15, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jas. Strycek

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary C. Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Strycek

(Address) 2531 Christian St.

15- JAN 27 1915 HARRY O. ANDREWS,

Filed....., 191. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15th 1915, to January 26th 1915, that I saw h[illegible]ive on January 26th 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

.....

.....

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Asthma

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) D. S. Simon M. D.

Jan. 27, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan. 27, 1915

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82219

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82219

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1414 W. Lombard ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Fitzsimmons

(Residence in Baltimore: No. 1414 W. Lombard St.: 27 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 29th, 1887 (Month) (Day) (Year)

7-AGE: 27 yrs. — mos. 27 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: James J. Fitzsimmons

11-BIRTHPLACE OF FATHER (State or country): Baltimore City

12-MAIDEN NAME OF MOTHER: Bridget Faherty

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James J. Fitzsimmons

(Address) 1414 W. Lombard

15. JAN 27 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 26, (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct., 1914, to Jan 25, 1915, that I saw him alive on Jan 24, 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Abscess (Duration) yrs. 9 mos. — ds

Contributory (SECONDARY) — (Duration) yrs. mos. ds.

(Signed) Thos. P. McCormick M. D

Jan 25, 1914. (Address) 1721 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 27, 1915

20-UNDERTAKER: Joseph P. Cook — ADDRESS: 1003 W. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

C82220

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82220

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Monument ST.; 15 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Johnson

(Residence in Baltimore: No. 1734 Monument St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 10, 1850
(Month) (Day) (Year)

7-AGE, 64 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Grumbine

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lina Bart

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Stark

(Address) 1731 Monument

15- JAN 27 1915 Filed....., 191.... Daniel O. Andreas, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1914, to Jan. 25 1915, that I saw her alive on Jan. 23 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. G. Statler M. D.

Jan. 27, 1915. (Address) 1206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hanover Pa — DATE OF BURIAL, January 27, 1915

20-UNDERTAKER Wm. J. Adams Son — ADDRESS Norman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82221

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

C82221

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 E Baltimore ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathilde Lafensack Beck

(Residence in Baltimore: No. 2316 E Baltimore St.; 6 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 12 (Day) 1900 (Year)

7-AGE: 14 yrs. 8 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wm C Beck

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Laura Lafensack

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mathilda Beck

(Address) 2316 E Baltimore

15- Filed JAN 27 1915, 191.....

HARRY O. ANDERS
Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 21, 1915, to, January 25 1915, that I saw h.. alive on January 24 1915, and that death occurred, on the date stated above, at 3 35 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

January (Duration) yrs. mos. 4 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), D. J. Johnson M. D.

January 25, 1915 [Address] 825 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem DATE OF BURIAL: Jan 28, 1915

20-UNDERTAKER: Isaak Sypherd ADDRESS: 1000 W North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82222

CERTIFICATE OF DEATH.

9 C82222

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2430 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis G. Hartman

(Residence in Baltimore: No. 2430 Fleet St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, April (Month) 29th (Day) 1913 (Year)

7-AGE, 1 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Frank M. Hartman

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Goldie Hartlove

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank M. Hartman

(Address) 2430 Fleet St

15- JAN 27 1915 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1915, to July 26 1915, that I saw h[illegible] alive on July 26 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) O K Long M. D.

1/26, 1915. (Address) 2701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Jan. 27th, 1915

20-UNDERTAKER J. Snyder Sons ADDRESS 1710 Park Ave

+P M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82223

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82223

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Montford Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August E. Ebert

(Residence in Baltimore: No. 618 N. Montford Ave St.; -- yrs., -- mos. -- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male (Female)

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September 29, 1860 (Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bakery
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, August E. Ebert Sr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Maria Ebert

(Address) 618 N. Montford Ave.

15- Filed JAN 27 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1915, to Jan 23 1915; that I saw him alive on Jan 23 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Failing Heart

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo. F. Gaylor M. D.

1:24, 1915 (Address) 1254 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Evangelical Cemetery — DATE OF BURIAL, Jan. 27, 1915

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82224

C82224

28

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Jefferson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Weishaar

(Residence in Baltimore: No. 2416 Jefferson St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 29 (Day), 1870 (Year)

7-AGE, 44 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS:

10-NAME OF FATHER, E. W. Nissler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Weishaar

(Address) 2416 Jefferson st

15-

Filed JAN 27 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1913, to Jan 25 1915, that I saw h[illegible] alive on 11 11 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary

(Duration) 1 yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. E. Hearn M. D.

Jan 27, 1915. (Address) 2901 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery | DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER Christian Miller | ADDRESS 2534 Jefferson st

N. B.—Every item of information must be given as correctly as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82225 HEALTH DEPARTMENT—CITY OF BALTIMORE C82225

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Millinan ST.; 7 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Ennis

(Residence in Baltimore: No. 1615 Millinan St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colrd	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1836 (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie James

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Ennis

(Address) 1615 Millinan St

15- Filed JAN 27 1915 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 1915, to Jan. 25, 1915, that I saw her alive on Jan. 24, 1915, and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

Senile debility

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculus arthritis of knee joint

(Duration) yrs. 3 mos. ds.

(Signed) Jas. F. Robinson M. D.

Jan 26th, 1915 (Address) 611 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Arbury Cemetery, Jamaica — DATE OF BURIAL, Jan 27, 1915

20-UNDERTAKER Milton Davis — ADDRESS 709 n. Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82226

CERTIFICATE OF DEATH.

150 C82226

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Johnson

(Residence in Baltimore: No. Mercy Hospital St.: 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... Jan (Month) 23 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 13 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: George Young

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Ethel Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Johnson

(Address) 236 Mount St.

15- JAN 27 1915 Filed ..... 191.. BARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... Jan (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1915 to Jan 24 1915, that I saw him alive on Jan 24 191 , and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

..... Cardiac Insufficiency .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

..... (Duration) 0 yrs. ..... mos. ..... ds.

(Signed) Edward L. P. Leuth M. D.

Jan. 24, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 13 hrs ds. In the State 0 yrs. 0 mos. 13 hrs ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	JAN 26 1915, 191...
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8227 HEALTH DEPARTMENT—CITY OF BALTIMORE C8227

CERTIFICATE OF DEATH

37

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Ashland Ave St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ben Turner

(Residence in Baltimore: No. 817 Ashland Ave St.; yrs. 5 mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 8 (Day), 1914 (Year)

7-AGE: yrs. 6 mos. 17 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Thomas Turner

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Turner

(Address) J. H. H.

15- Filed JAN 27 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30, 1914, to, January 13 1915, that I saw h[illegible] alive on January 13 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pleural Pneumonia

Broncho Pneumonia

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY): Hereditary Syphilis

(Duration) yrs 6 mos. 17 ds.

(Signed), G. A. Batten M. D.

Jan 26 1915 [Address] J. H. H.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 817 Ashland Ave

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem.

DATE OF BURIAL: Jan 27, 1915

20-UNDERTAKER: Wm J. G. Locke

ADDRESS: 1302 Jefferson st

C82228

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C82228

REGISTERED No. C.....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1225 Jefferson St.: 5 WARD)

2 FULL NAME Mary A. Jones

3 (Residence in Baltimore: No. 1225 Jefferson St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

5 COLOR OR RACE: Col

6 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July (Month) 22 (Day), 1843 (Year)

7 AGE: 71 yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: John Thomas

11 BIRTHPLACE OF FATHER (State or country): Un Known

12 MAIDEN NAME OF MOTHER: Millie Green

13 BIRTHPLACE OF MOTHER (State or country): Un Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susana H. Jones

(Address) 1225 Jefferson St.

15. Filed JAN 27 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 24th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1914, to Jan 24 1915.

that I saw him alive on Jan 24th 1915.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asystole

Intra Dilatation Aort.

Sclerosis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Intestinal Dyspepsia

(Duration) 1 yrs. 4 mos. ..... ds.

(Signed), W. Wilmer M. D.

....., 191..... (Address) 1220 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Jan 27th 1915

20 UNDERTAKER: Mrs J. G. Locke ADDRESS: 1302 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82229

CERTIFICATE OF DEATH.

30 C82229

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee

(Residence in Baltimore: No. 203 E. Lexington St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs....mos....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Thomas Lee

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Johannah Lee

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Unknown

(Address)..... C. H. Hosp.

15- JAN 27 1915 HARRY O. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Jan 23 1915, that I saw h.m alive on Jan 23 1915, and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(Duration)....yrs. 1 mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Paul H Clough M. D.

Jan 26, 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State Unknown yrs....mos....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 203 E Lexington

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
HOPKINS HOSPITAL	JAN 26 1915, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Attention is called to the fact that no certificate of death can be legally registered unless the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C82230

C82230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W Balto St.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ball

(Residence in Baltimore: No. 1706 W Balto St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jany 27, 1905
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edward Ball

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emily L. Fader

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Ball

(Address) 1706 W Balto St

15-

Filed JAN 27 1915, 191... HARRY O. ANDREWS, Registrar. Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 27 1915, to Jany 27 1915, that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Strangulation by umbilical Cord

(Duration) ... yrs. ... mos. 1 min ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Jan 27, 191... (Address) 108 N Bullitt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Jan 27th, 1915

20-UNDERTAKER Chas. Crowley

ADDRESS 251 N. Fulton Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 14 C82231

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph McEver

(Residence if Baltimore—No. Acworth Ga St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ? (Month) (Day) 1886 (Year)

7-AGE, 29 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, James McEver

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G Phillips

(Address) Johns Hopkins Hosp

15- Filed JAN 27 1915, 191.. HARRY O. ANDREWS, Registrar. Register Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26 (Month) (Day) 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1915 to Jan. 26 1915 that I saw h[illegible]alive on Jan. 26 1915, and that death occurred, on the date stated above, at 7½ p.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. B. Burns M. D.

Jan 5, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State —yrs. —mos. 6 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Acworth, Ga.

19-PLACE OF BURIAL OR REMOVAL, Acworth Ga. DATE OF BURIAL, Jany. 27 1915

20-UNDERTAKER E.M. Mitchell ADDRESS 120 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82232

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C82232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1127 N. Carey street, ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wildey.

(Residence in Baltimore: No. 1127 N. Carey street, St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 8th (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 18 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Isaac G. Wildey,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Minnie Thompson,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Wildey, mother,

(Address) 1127 N. Carey street.

15- Filed JAN 27 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility due to premature birth,

(7 mon's Utero-gestation)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kampel M. D.
(Coroner.)

Jan. 27, 191 5. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Jan 27 1915
20-UNDERTAKER	ADDRESS
James H Dennis	803 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82233

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82233

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Presstman ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline C. Burgess.

(Residence in Baltimore: No. 1516 Presstman St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Burgess

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Burgess

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Burgess

(Address) 1516 Presstman st

15- JAN 27 1915 HENRY O. ANDERSON, Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1915, to Jan 25th 1915, that I saw h-er alive on Jan 25th 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Pleurisy

(Duration) yrs. mos. 2 7 ds.

(Signed) Harry F Brown M. D.

Jan 26, 1915. (Address) 501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Zion

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 28 1915

20-UNDERTAKER James H Dames — ADDRESS 1220 Pulton

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-11—M. & T.—500 Bks.

C82234

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82234

28

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Newbury

(Residence in Baltimore: No. 1101 Sargeant St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11, 1869
(Month) (Day) (Year)

7-AGE, 45 yrs. ... mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Lynchbeck

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irvin Mott

(Address) 1101 Sargeant St

15- Filed JAN. 27 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1914, to Jan. 25, 1915, that I saw her alive on Jan. 24, 1915, and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. L. Lamb M. D.

Jan. 26, 1915. (Address) 614 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 27, 191. 5.

20-UNDERTAKER Geo Lambert & Son — ADDRESS 614 N Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82235

CERTIFICATE OF DEATH.

K 104 C82235

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah F. Emmert.

(Residence in Baltimore: No. Hangan, Mont. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Sing.

6-DATE OF BIRTH. April 28, 1913
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 21 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mont.

PARENTS.

10-NAME OF FATHER, Melvin J Emmert.

11-BIRTHPLACE OF FATHER (State or Country). Ill.

12-MAIDEN NAME OF MOTHER Lavina Jones.

13-BIRTHPLACE OF MOTHER (State or Country), Iowa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15- JAN 27 1915 Filed....., 191.. HARRY O. ANDREWS, Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Jan 27 1915, that I saw h[er] alive on Jan 27 1915, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:
Alimentary Intoxication (Acidosis

..... (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) None

..... (Duration).....yrs.....mos.....ds.

(Signed) G. A. Batten M. D.

Jan 27, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs. 2 mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Hangan Mont.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Dunlap Iowa	Jan. 27, 1915
20-UNDERTAKER	ADDRESS
Allen & Fuller	231 N Bond

Spec.--8-24-14--M. & T.--2000 Blks.

C82235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 60 C82235

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R Terry

(Residence in Baltimore: No. 129-131 Pinckney St Chester SC St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November 11, 1883.
(Month) (Day) (Year)

7-AGE, 31 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Clinton Terry

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Cora Strutt

13-BIRTHPLACE OF MOTHER (State or Country), S. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pheltz

(Address) Johns Hopkins Hosp

15- JAN 27 1915 HARRY C. ANDREW
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1915, to Jan. 27, 1915, that I saw h.. alive on Jan 27, 1915, and that death occurred, on the date stated above, at 7 25 a. m.

The CAUSE OF DEATH* was as follows:
Cerebral Abscess

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George R. Dunn, M. D.

Jan 27, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 23 ds. In the State ..... yrs. ..... mos. 23 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 129-131 Pinckney St. Chester. S.C.

19-PLACE OF BURIAL, OR REMOVAL, Chester S C. DATE OF BURIAL, Jan. 27., 1915.

20-UNDERTAKER Albert O Fuller ADDRESS 221 N Broady

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82237

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C82237

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1400 Mosher St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Saml H. Chase

(Residence in Baltimore: No. 1400 Mosher St. 75 yrs. 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Dec 9, 1839 (Month) (Day) (Year)

7 AGE: 75 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Saml H. Chase

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Eliza Greenwood

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Morton Chase
(Address) 1400 Mosher St

15 JAN 27 1915 Filed 191
HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jany 25, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 15th, 1915, to Jany 25th 1915, that I saw h[illegible] alive on Jany 27th 1915, and that death occurred, on the date stated above, at 1.15 a m.
The CAUSE OF DEATH* was as follows:
Pneumonia
Senility
(Duration) ... yrs. ... mos. 10 ds
Contributory (SECONDARY) Exhaustion
(Duration) ... yrs. ... mos. Gradual ds.
(Signed) Chas. E. Bailey M. D.
Jany 25th 1915 (Address) 607 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery
DATE OF BURIAL: Jan 28 1915

20 UNDERTAKER: Chas. E. Bailey
ADDRESS: 1421 Jefferson st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

C82238

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82238

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 701 N. Howard St., ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda L. Drew.

(Residence in Baltimore: No. 701 N. Howard St. St.; 55 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: About, 1834 (Month) (Day) (Year)

7-AGE: 80 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Washington D.C.

PARENTS

10-NAME OF FATHER: Geo. W. Williams

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Janet R. Young

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. P.F.Drew

(Address) 701 N. Howard St.

15- JAN 27 1915 Filed ..., 191...

HARRY C. ANDREWS Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1915 to Jan 25 1915.

that I saw her alive on Jan 25, 1915.

and that death occurred, on the date stated above, at one P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed), Wilbur P Morgan M. D.

Jan 26, 1915 (Address) 310 W Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 28, 1915

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C82239 HEALTH DEPARTMENT—CITY OF BALTIMORE C82239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 William ST.; 24 WARD) REGISTERED No. C 79

2-FULL NAME Theresa Dauer

(Residence in Baltimore: No. 1228 William St.; 60 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 23 (Day), 1839 (Year)

7-AGE, 76 yrs. — mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Not Known.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles Beckert

(Address) 1228 William St

15-JAN 27 1915 Filed 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 26 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Subluxation Heart

(Duration) yrs. mos. 7 ds.

(Signed) Jas A O'Donnell M. D.

Jan 27 1915. (Address) 1026 W Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. dr. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, 1-29, 1915

20-UNDERTAKER E & B Hasle ADDRESS 115 E Mt St

Spec.—8-24-14—M. & T.—5000 Bks.

C82240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 74 C82240

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Robinson

(Residence in Baltimore: No. 218 Longwood Rd. Roland Pk St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 9th, 1906.
(Month) (Day) (Year)

7-AGE, 8 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur W. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Ky.

12-MAIDEN NAME OF MOTHER Helen Edmonds

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- JAN 27 1915 BARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7, 1914 to Jan 27 1915, that I saw him alive on Jan. 27 1915, and that death occurred, on the date stated above, at 5.52 a. m.

The CAUSE OF DEATH* was as follows:

a Pneumonia

.....(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Hydrocephalus

.....(Duration) ....yrs. 1 mos. ....ds.

(Signed) W E Dandy M. D.

Jan ....., 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 5/ ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 218 Longwood Rd. Roland Pk

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Perrysburg Ohio	Jany. 27, 1915.
20-UNDERTAKER	ADDRESS
E. M. Mitchell	1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Dks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82241

CERTIFICATE OF DEATH.

94 C82241

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 St Paul ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gough Carroll Schenck

(Residence in Baltimore: No. 1007 St Paul St St.; —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, ..., 1½..... (Month) (Day) (Year)

7-AGE, 71½ yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lady
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Ridgely Carroll

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Pue

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edeom Schenck

(Address) 1007 St Paul St.

15- JAN 27 1915 Filed ....., 191.. BARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th 1915, to Jan 26th 1915, that I saw h[illegible] alive on Jan 26th 1915, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Cerebral

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... ds.

(Signed) Wm. F. Lee M. D.

Jan 27 1915. (Address) 6 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Thomas Cem Garrison Forest Md

DATE OF BURIAL, Jan 28th 1915

20-UNDERTAKER 415 Jenkins Hon Co

ADDRESS McCulloh & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-5-14—M. & T.—2000 Blks.

C82242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82242

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Milton Ave St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S. Hubbard

(Residence in Baltimore: No. 213 N. Milton St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: October 1, 1871 (Month) (Day) (Year)

7-AGE: 43 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Penna

PARENTS.

10-NAME OF FATHER: Thomas J. Hubbard

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Priscilla Brooks

13-BIRTHPLACE OF MOTHER (State or Country): Bucks City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Florence L. Hubbard

(Address): 213 N. Milton Ave.

15- JAN 27 1915 HARRY O. ANDREAS,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19 1915, to January 25 1915, that I saw him alive on January 25 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. A. Colliflower M. D.

January 26, 1915 (Address) 1840 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Jan 27, 191...

20-UNDERTAKER William Cook ADDRESS 1310 E. N. Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C82243

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W Balto. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecil Earle Hood Jr.

(Residence in Baltimore: No. 1906 W Balto. St.; ....yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 13, 1914
(Month) (Day) (Year)

7-AGE, 0 yrs. 4 mos. 17 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER. Lewis Earle Hood

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Rosa M. Allen

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa M. Hood

(Address) 1906 W Balto St

15- JAN 27 1915 HENRY O. BERNDT, Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 25 1915, that I saw h[illegible] alive on Jan 25 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration).....yrs.....mos. 14 da.

CONTRIBUTORY (Secondary) Heart Exhaustion

(Duration).....yrs.....mos.....da.

(Signed) W. M. Lamar Jr. M. D.

Jan 27, 1915 (Address) 826 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL, Jan 29, 1915.

20-UNDERTAKER W. J. Williamson ADDRESS Norman

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8244 — 170 C8244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1125 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Ida Schultze)

(Residence in Baltimore: No. 1125 W. Franklin St.: 50 yrs., 9 mos., 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: March 27th, 1864 (Month) (Day) (Year)

7-AGE: 50 yrs. 9 mos. 29 ds. — If LESS than 1 day, ...hrs. or....mis.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Oscar Schilling

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Rane

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil F. Schultze

(Address) 1125 W. Franklin St

15- Filed JAN 27 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 26 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cranio Nephritis

(Duration) ..... yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Uremic poisons (Puerperal)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Schmidt M. D.

Jan 26, 1915. (Address) 935 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL, Jan 28th 1915.

20-UNDERTAKER: Fix Mrs John H. Reifel — ADDRESS 801 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82245

CERTIFICATE OF DEATH.

C82245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.) WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Josephine Yeager

(Residence in Baltimore: No. 2813 Hudson St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, October 25, 1871. (Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Joseph Schleacht

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Veronica Schanel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Schumaud

(Address) 626 S. Tenth St.

15- JAN 27 1915 Filed 191 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 25 1915, that I saw her alive on Jan 25 1915, and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Postmortem (Duration) unknown ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 5 ds.

(Signed) A. Lee Hachen M. D.

1/25, 1915 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 2813 Hudson St.

19-PLACE OF BURIAL OR REMOVAL, St Paul trap road — DATE OF BURIAL, January 27 1915

20-UNDERTAKER Kendall Kippelston — ADDRESS 07 S Amm

T Y A E

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82246 — 151 — C82246

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Elizabeth Home 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William Coburn Speake

Residence in Baltimore: No. St Paul St St.; yrs. 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: colored | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 9 (Day), 1914 (Year)

7-AGE: ..... yrs. 11 mos. 16 ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Frederick Md.

PARENTS
10-NAME OF FATHER
11-BIRTHPLACE OF FATHER (State or country)
12-MAIDEN NAME OF MOTHER
13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed JAN 27 1915 — ROBERT KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1914, to, Jan 25 1915, that I saw h.m alive on Jan 25 1915, and that death occurred, on the date stated above, at ..... P. m.

The CAUSE OF DEATH* was as follows:

Alimentary decomposition
(Chronic Serfire Malnutrition)

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Edgar P Tuedenwald M. D.

Jan 27 1915 [Address] 616 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 2 mos. 1 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Before admission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL. — DATE OF BURIAL: JAN 27 1915

20-UNDERTAKER: Commissioner Health. — ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

082247 — 170 — 082247

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1313 E Lexington ST.; 5 WARD)

2-FULL NAME William Robinson

Residence in Baltimore: No. 1313 E Lexington St.; (If less than 1 yr., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Jan 29, 1849 (Month) (Day) (Year)

7-AGE: 65 yrs. 11 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): M. Biscuit Co

9-BIRTHPLACE, (State or Country): D. C.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Brooks

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Robinson

(Address) 1313 E Lexington St

15- JAN 27 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 1915, to Jan 27th 1915, that I saw h[illegible] alive on Jan 26 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:
Cellulitis Abscess & Gland
with Dilatation

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia hypostatic

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Edward Dellinger M. D.

Jan 27, 1915 (Address) 208 Cumb St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL, 1.3.1 ....., 1915

20-UNDERTAKER: Mc Cook — ADDRESS, 502 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 82248

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 82248

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 27 n Longwood ave ST.; 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L Mc Faddin

(Residence in Baltimore: No. 27n Longwood ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June 26 (Month), 1863 (Year)

7-AGE: 51 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Street Car

9-BIRTHPLACE (State or country): Claudan Co S. C.

PARENTS

10-NAME OF FATHER: Joseph L Mc Faddin

11-BIRTHPLACE OF FATHER (State or country): Claudan Co. S.C.

12-MAIDEN NAME OF MOTHER: Jessie Harvin

13-BIRTHPLACE OF MOTHER (State or country): Claudan Co. S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J R Smalley

(Address) 2938 E Baltimore

15 Filed JAN 27 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1915, to June 26 1915, that I saw h-- alive on June 26, 1915, and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J R Smalley M. D.

(Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Manning S. C.

DATE OF BURIAL: Jan 28, 1915

20-UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82249

CERTIFICATE OF DEATH

C82249

64

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 W. Fayette St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Christopher Ebenhack.

(Residence in Baltimore: No. 1505 W. Fayette St.: unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Jan. (Month) 30 (Day), 1852 (Year)

7. AGE: 62 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Germany.

PARENTS

10. NAME OF FATHER: John Ebenhack.

11. BIRTHPLACE OF FATHER (State or country): Germany.

12. MAIDEN NAME OF MOTHER: Dont Know.

13. BIRTHPLACE OF MOTHER (State or country): Dont Know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elanora Ebenhack

(Address) 1505 W. Fayette St.

15. Filed JAN 27 1915, 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1915, to Jan 26 1915, that I saw h[im] alive on Jan 26, 1915, and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) — yrs. — mos. 5 ds

Contributory (SECONDARY) Cachexia Cyanosis

(Duration) yrs. mos. 1 ds.

(Signed) H. Robert Keech M. D.

Jan. 26, 1915 (Address) 1505 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 29th 1915

20. UNDERTAKER: J. W. McCauley ADDRESS: Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82250

C82250

CERTIFICATE OF DEATH.

1-PLACE OF DEATH APARTMENT D 1, MARLBOROUGH APARTMENT HOUSE,
CITY OF BALTIMORE (No. EUTAW PLACE & WILSON ST. St. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LEWIS STEIN,

(Residence in Baltimore: No. MARLBOROUGH APARTMENT HOUSE ; St.: 30 years. ds.)

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, June (Month) 9th (Day), 1833. (Year)

7-AGE, 81 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... clothing merchant,
(b) General nature of industry, business, or establishment in which employed (or employer)..... retired 33 years,

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER. Aaron Stein,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Philippine Rosenthal,

13-BIRTHPLACE OF MOTHER (State or Country), United States,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Stein, daughter,

(Address) Marlborough Apartments,

15- JAN 27 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

ACUTE CARDIAC DILATATION.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) DIETARY INDISCRETION.

(Duration) 3 yrs. mos. ds.

(Signed) J. Frederick Mc Sherry C.M. D. (Coroner.)

Jan. 26, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Balt Wchsn	Jan 28 1915
20-UNDERTAKER Harold Sondheim	ADDRESS 1128 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C82251

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 C82251

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Newington Ave. St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Blondheim,

(Residence in Baltimore: No. 714 Newington Ave, St.: lifetime yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, Feb. (Month) 19th (Day) 1852 (Year)

7-AGE. 62 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.Md.

PARENTS.

10-NAME OF FATHER, Simon Halle,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Bertha Schwab,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D.Blondheim,

(Address) 714 Newing on Ave.

15-JAN 27 1915 Filed....., 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26th (Day) 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1914, to Jany 26th 1915, that I saw her alive on Jany 26th 1915, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Spastic Paraplegia

(Degeneration of Pyramidal Tract

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 5 ds.

(Signed) Louis P. Hamburger M. D.

Jany 27 1915. (Address) 1707 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto.Hebrew,

DATE OF BURIAL, Jan.28st 5, 191...

20-UNDERTAKER Sand Sondheim

ADDRESS

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82252 41 C82252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 109 to 117 Augusta St

CITY OF BALTIMORE: (No. Aged Home Hebrew Friendly Assn St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Libby Feinberg

(Residence in Baltimore: No. Same as above St.; 11 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widowed

6-DATE OF BIRTH, Unknown / (Month) (Day) (Year)

7-AGE, 77 yrs. \ mos. \ ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Aged Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Gabrunsky

(Address) 129 Augusta St

15- JAN 28 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1915, to Jan 27 1915, that I saw h ER alive on Jan. 27 1915, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Intestines

(b) No Operation or Postmortem (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Cachexia (Secondary)

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) Benjamin L. Neiman, M. D.

Jan. 27, 1915 (Address) 123 Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. - mos. - ds. In the State 11 yrs. - mos. - ds.

Where was disease contracted if not at place of death? Aged Home Hebrew Friendly Assn

Former or usual residence 109 to 117 Augusta St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Herring Run	Jan 29 1915
20-UNDERTAKER S. Levinson & Bro	ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.—5-19-13—M. & T.—500 Bks.

C82253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C82253

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 Calvin ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Burke

(Residence in Baltimore: No. 258 Calvin St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1877 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, George Burke

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Peeker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leola Mitchell

(Address) 1411 Mulliken St

15-

Filed JAN 28 1915, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1915, to Jan 26, 1915, that I saw him alive on Jan 25, 1915, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) yrs. 4 mos. ds.

(Signed) Jas Cook Turner M. D.

Jan 26, 1915 (Address) 6 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER Wm L. Dodder ADDRESS 140 Mulliken

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82254

CERTIFICATE OF DEATH.

167

C82254

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.) (13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Ladaschech

(Residence in Baltimore: No. 3202 Auchentoroly terrace St.) (9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 2nd (Day), 1875 (Year)

7-AGE, 39 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Herman Ladschech

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Elizabeth Ladschech

(Address) 3202 Auchentoroly Terrace

15- Filed JAN 28 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Scalds. Received by falling in tank of boiling water. Accident

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jean V. Wentzel M. D. (Coroner)

Jan. 26th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 9 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Balto. Tube Co. Oakland + Wicomico Sts

Former or usual residence 3202 Auchentoroly Terrace

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan. 28 1915

20-UNDERTAKER W. F. Tasker for

ADDRESS Mount Pr

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82255

CERTIFICATE OF DEATH.

79 C82255

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 909 Ramsay ST.; 21 WARD)
REGISTERED No. C.....

2-FULL NAME Walburga Boeddeker.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 909 Ramsay St.; ....yrs....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 81 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Jos Ritter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ritter

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mark Boheres
(Address) 909 Ramsay St

15-
Filed JAN 28 1915 HARRY O. ANDREWS, Burial Permit Clerk
....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191 5 to Jan 27 1915, that I saw her alive on Jan 27 1915, and that death occurred, on the date stated above, at 9 50 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) Don't Know mos. ds.

(Signed) John G. Schwenberg M. D.

Jan 27 1915 (Address) 1120 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence. Do'n Kn'w

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL, Jan 29, 1915

20-UNDERTAKER John F Conway | ADDRESS 904 Hollins

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82256

CERTIFICATE OF DEATH.

79 C82256

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1018 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie E. Tull

(Residence in Baltimore: No. 1018 Linden Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 10, 1863 (Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Mays

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Tull

(Address) 1018

15- JAN 28 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 191 , to June 26 191 , that I saw h.. alive on June 26 191 , and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) H G Tilney M. D.

Jan 28, 1915. (Address) 1018 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loud Cemetery — DATE OF BURIAL, June 28 1915

20-UNDERTAKER John A. Bischoff — ADDRESS 1107 Hill Ave

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82257

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2056 Harford ave ST. 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Lower

(Residence in Baltimore: No. 2056 Harford ave St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, April (Month) 23 (Day), 1837 (Year)

7-AGE, 77 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Otto Lower

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Christina Mendordt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lower Brother

(Address) 2056 Harford ave

15- Filed JAN 28 1915 HARRY O. ANDREWS, Registrar.

Burial Permit O

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4th 1915, to Jan 26 1915, that I saw h[illegible] alive on Jan 26 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 15 hours

CONTRIBUTORY (Secondary) Paresis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Edward Sullivan M. D.

Jan 27., 1915. (Address) 204 Aigueh e

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Immanuel Lutheran Cemetery	Jan 29., 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spmc—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82258

CERTIFICATE OF DEATH.

170 C82258

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S Payson ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Sloan

(Residence in Baltimore: No. 335 S Payson St St.; ...yrs... mos. ...da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec (Month) 16 (Day) 1872 (Year)

7-AGE, 42 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John J. Sloan

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Annie Galt

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Sloan

(Address) 335 S Payson St

15-

Filed JAN 28 1915 191

HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 25 1915, that I saw him alive on Jan 25 1916. and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Bronchitis chronic

(Duration) ...yrs. two months ...ds.

(Signed) Malcolm Cox M. D.

..., 1915. (Address) 514 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 29 1915

20-UNDERTAKER: N S Smith — ADDRESS: 1921 N Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

C82259 HEALTH DEPARTMENT—CITY OF BALTIMORE C82259

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Pawhatton Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie R Gould

(Residence in Baltimore: No. 3508 Pawhatton Ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... Aug (Month) 19 (Day), 1858 (Year)

7-AGE, 56 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Emma Esty

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Gould

(Address) 3508 Pawhatton Ave

15-

Filed JAN 28 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/15 1913, to Jan 26 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 11 50 a m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

about 3 (Duration) yrs. mos. dys.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 2 mos. dys.

(Signed) Archer L Belanger M. D.

Jan 27, 1915. (Address) 2806 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER W J Tickner Sr — ADDRESS Hamilton

Spec.—8-24-14—M. & T.—2000 Blks.

C82260

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82260

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mannaduke

(Residence in Baltimore: No. 837 Hollins St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Sing

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, ...yrs. 1½ mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15-JAN 28 1915 Filed....., 191... HARRY O. MICHELS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 13 1915, to Jan. 26 1915, that I saw him alive on Jan. 26 1915, and that death occurred, on the date stated above, at 7½ p.m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Chas S. Rotch M. D.

Jan 26 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 837 Hollins St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, JAN 27 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 152 C82261

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2207 Essex ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Nowacki

(Residence in Baltimore: No. 2207 Essex St.; yrs., mos. 1/2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 26 (Month) (Day) 1914 (Year)

7-AGE, ...yrs. .....mos. 1/2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Nowacki

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dora Milaska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Nowacki

(Address) 2207 Essex St

15-

Filed JAN 28 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Hemiatrophia

(Duration).....yrs.....mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) David W. Fraser (Coroner.) M. D.

Jany 27 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jany 28th 1915.

20-UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C82262

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C82262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West End Maternity

CITY OF BALTIMORE: (No. 112 W Colhoun St.; 19 WARD) REGISTERED No. C

2-FULL NAME Infant of Viola & Kenneth Wilson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 21 (Day), 1915 (Year)

7-AGE, ...yrs....mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Kenneth Wilson

11-BIRTHPLACE OF FATHER (State or Country) Howard Co.

12-MAIDEN NAME OF MOTHER Viola Halbert

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) Same.

15-

Filed JAN 28 1915, 191.... HARRY O. ANDREWS, Burial Permit Officer. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 27 1915, that I saw h.. alive on Jan 27 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Congenital)

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Geo. H. Evans M. D.

Jan 27, 1915 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 28 1915
20-UNDERTAKER, Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82263 — 103 — C82263

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 916 Bennett Place ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca C. Webb

(Residence in Baltimore: No. 916 Bennett Place St.: 78 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH August (Month) 20, (Day) 1836 (Year)

7-AGE 78 yrs. 5 mos. 7 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Henry Hush,

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md

12-MAIDEN NAME OF MOTHER: Hannah Forsythe

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stanley Webb.

(Address) 916 Bennett Place

15- JAN 28 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 27, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st, 1915, to January 27, 1915, that I saw h[illegible] alive on January 26, 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Catarrhal Gastritis
Senility

(Duration) ..... yrs. ..... mos. 27 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Robt. H. Murray M. D.

(Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan. 30, 1915.

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N. Fremont Av

C82264

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C82264

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. York ST.: 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Salvatore Bianca

(Residence in Baltimore: No. 15 E. York St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 13. (Day), 1853 (Year)

7-AGE: 61 yrs. 2 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Italy.

PARENTS

10-NAME OF FATHER: John Bianco

11-BIRTHPLACE OF FATHER (State or country): Italy.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tony Bianco

(Address) 15 E. York

15- Filed JAN 28 1915 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Jan 27 1915, that I saw him alive on Jan 27 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) ? yrs ~ mos. ~ ds.

Contributory (SECONDARY) Mitral Regurgitation.

(Duration) ? yrs. mos. ds.

(Signed), S. Demarco M. D.

1-28 1915 [Address] 1604 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Cathedral — DATE OF BURIAL: Jany 29 1915

20-UNDERTAKER: J. F. McCully — ADDRESS: 39 E. Fork

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C82265

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 C82265

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Holton

(Residence in Baltimore: No. 1816 McCulloh St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Apr (Month) 27 (Day), 1854 (Year)

7-AGE, 60 yrs. 8 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): St Marys Co Md

PARENTS.

10-NAME OF FATHER: John Garner

11-BIRTHPLACE OF FATHER (State or Country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Maria Garner

13-BIRTHPLACE OF MOTHER (State or Country): St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY ~~KNOWLEDGE~~.

(Informant) Rebecca Strogen

(Address) 1816 McCulloh St

15- Filed JAN 28 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to Jan 26 1915, that I saw h.r alive on Jan 26 1915, and that death occurred on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Acute Brights Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) A.C. Nephritis

(Duration) yrs. 6 mos. ds.

(Signed) Edw Short M. D.

Jan 27, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: Jan 29, 1915

20-UNDERTAKER: Felix B. Pyle.

ADDRESS: 102 E Mulberry St

C82266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C82266

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1913 Fisquith St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneva Woodal

(Residence in Baltimore: No. 1913 Fisquith St.: 10 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 28, (Day) 1904 (Year)

7-AGE: 10 yrs. 5 mos. X ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John Woodal

11-BIRTHPLACE OF FATHER (State or country): South Carolina

12-MAIDEN NAME OF MOTHER: Rachael Huston

13-BIRTHPLACE OF MOTHER (State or country): South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Woodall

(Address) 1913 Fisquith

15. Filed JAN 28 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: JAN 27 1915 (Month) (Day) , 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from JAN 19 1915, 191.., to JAN 26 1915 191..,

that I saw h.. alive on JAN 26 1915, 191..,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(Duration) X yrs. X mos. 7 ds

Contributory (SECONDARY) Sub acute Endocarditis

(Duration) 1 yrs. 2 mos. X ds.

(Signed) O. H. Dukes M. D.

Jan 27. 1915. (Address) 928 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Jan 30 ..., 191 5

20-UNDERTAKER: Felix B. Pye.

ADDRESS: 102 E Mulberry St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C82267

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82267

CERTIFICATE OF DEATH.

49

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Decker Ave. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Crisp

Residence in Baltimore: No. 908 S. Decker Ave. St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ... Feb. (Month) 2 (Day), 1850 (Year)

7-AGE, 64 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Schneider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Benj. F. Crisp

(Address)... 321 V. S. Balto St.

15- JAN 28 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 27 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1914, to Jan 27 1915, that I saw h er alive on Jan 26 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

..... Uraemia

.....

.....

..... (Duration)...yrs...mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation Valvular hypertrophy.... (Duration)...yrs. 2 mos....ds.

(Signed)..... M. D.

Jan 28, 1915. (Address)..... Edmondson Ave & Bonner sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs....mos....ds. In the State ...yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Jany 31. 1915

20-UNDERTAKER Robt. J. Turner ADDRESS 1442 N. Bidlley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82268 — 28 — C82268

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2937 Huntingdon Ave. ST. ... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Brooks

(Residence in Baltimore: No. 2937 Huntingdon Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 21st, 1890 (Month) (Day) (Year)

7-AGE: 24 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): P.R. Mfg. Co.

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Hess Brooks

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Amanda Redding

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse E. Brooks

(Address) 2937 Huntingdon Ave

15-JAN 28 1915 Filed ..., 191 ... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1914, to Jan 27 1915, that I saw h— alive on Jan 27, 1915, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

(a) Phthisis Pulmonalis

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry C. Klein M. D.

Jan 28, 1915 (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan 29th, 1915

20-UNDERTAKER: Mrs Mrs John H Teufel — ADDRESS: 811 W. Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82269

CERTIFICATE OF DEATH

151

C82269

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1805 Pennsylvania ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Wm Meagher

(Residence in Baltimore: No. 1805 Pennsylvania Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan 27, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 18 hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Joseph D Meagher

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Dorothy A. Lutz

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos. Meagher

(Address) 1805 Pennsylvania Ave

15 Filed JAN-28 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 27, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1915, to Jan 27 1915, that I saw h[illegible] alive on Jan 27, 1915, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(Not Quite 7 Months Gestation)

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marshall T. Lynch M. D.

Jan 28, 1915 (Address) 118 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St. Joseph's, Balto. Co. DATE OF BURIAL: Jan 28, 1915

20 UNDERTAKER: Jas. Dignan & Son ADDRESS: 1020 E Pratt

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82270 — 41 — C82270

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2028 Pulaski ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezra John Edward Topper

(Residence in Baltimore: No. 2028 Pulaski St.; 8 yrs. 11 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February (Month) 20 (Day) 1906 (Year)

7-AGE: 8 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John F. Topper

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Nora K. Holmes

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John E Topper

(Address) 2028 Pulaski St

15- Filed JAN 28 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Janu 20, 1915, to, Janu 26 1915, that I saw h.m alive on Janu 26 1915, and that death occurred, on the date stated above, at 6.40 p m.

The CAUSE OF DEATH* was as follows:

Bronchia
Cardiac dilatation, following
broncho-pneumonia.

(Duration) ~ yrs. ~ mos. 1 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O W Hoffman M.D. M. D.

Jan. 28 1915 (Address) 2100 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 29 1915

20-UNDERTAKER: Martin Fahey & Son — ADDRESS: 606 Lafayette

Spec.—5-19-13—M. & T.—500 Blks.

C82271

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82271

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Daniels

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ...yrs., 1 mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December (Month) 16th (Day), 1914 (Year)

7-AGE,	If LESS than 1 day.
...yrs. 1 mos. 8 da.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- Filed JAN 28 1915 191 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20th 1915, to January 28th 1915, that I saw her alive on January 23rd 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) ...yrs. ...mos. 9 da.

CONTRIBUTORY (Secondary) Malnutrition + Mal. assimilation

(Duration) ...yrs. 6 mos. 8 da.

(Signed) Leonard M. C. Parker M. D.

January 25, 1915. (Address) 525 N. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. ...da. In the State ...yrs. 1 mos. 8 da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan. 28, 1915

20-UNDERTAKER Martin Fahey & Son — ADDRESS 106 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C82272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96

REGISTERED NO. C 82272

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 523 Mcmechen St.; 14 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles R Stepney

(Residence in Baltimore: No. 523 Mcmechen St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) ... (Year) 1865

7-AGE, 50 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Charles Stepney

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Margret Stepney

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Zennick

(Address) 523 Mc Mechen St

15. Filed JAN 28 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 26 1915, that I saw h[illegible] alive on Jan 26 1915, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Asthma bronchitis

Heart

(Duration) ... yrs. ... mos. 6 ... ds.

CONTRIBUTORY (Secondary) Heart

(Duration) ... yrs. ... mos. 6 ... ds.

(Signed) J. H. Bellkennard M. D.

Jan 26, 1915. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont Auburn — DATE OF BURIAL, Jan 28, 1915

20-UNDERTAKER John H Owens — ADDRESS 1211 Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--5-19-13--M. & T.--500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C82273

C82273

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Garrett Hospital for Children ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Nelson

(Residence in Baltimore: No. 913 Lemmon St St.; 0 yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH: March 2, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Michael Nelson

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Margaret Rogers

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Bacon

(Address) Garrett Hospital

15 JAN 28 1915 ROBERT J. KRAUTER, Registrar.
Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to Jan 28 1915, that I saw h[illegible] alive on Jan 28 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mon. 1/2 ds.

(Signed) Walter C Bacon M. D.

1/29/15 191... (Address) Garrett Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State yrs. 10 mos. 26 ds.

Where was disease contracted, if not at place of death? 913 Lemmon St

Former or usual residence 913 Lemmon St

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Jan 30, 1915

20-UNDERTAKER Jos. L. B. Cook

ADDRESS 1003 N. Balto St.

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8227 4

CERTIFICATE OF DEATH.

92 C8274

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Sharp ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Felthousen

(Residence in Baltimore: No. 1002 Sharp St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Nov 22 (Month), 1914 (Day), (Year)

7-AGE, 0 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Felthousen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Helen M Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Felthousen

(Address) 1002 Sharp

15- JAN 28 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1915, to Jan 28 1915, that I saw h[illegible] alive on Jan 27 1915, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Grosskam M. D.

Jan 28, 1915 (Address) 5100 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Jany 30 1915

20-UNDERTAKER J. F. McCarthy ADDRESS 39 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C82275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C82275

PLACE OF DEATH

CITY OF BALTIMORE (No. 622 N. Ann St. ST.: W WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 FULL NAME Annie Koczot

(Residence in Baltimore: No. 622 N. Ann St. St.; yrs., 3 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1911 (Year)

7-AGE, yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Koczor

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary Polecz

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Koczor

(Address) 622 N. Ann St.

15 JAN 28 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones (Coroner.) M. D.

Jany 28. 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary, DATE OF BURIAL, Jany 29th 1915.

20-UNDERTAKER M. F. Sadowski, ADDRESS 705 N. Ann St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82276

CERTIFICATE OF DEATH.

C82276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Ann ST.; 2 WARD) REGISTERED No. C

2-FULL NAME Mrs. Anna Sabaj

(Residence in Baltimore: No. 614 S. Ann St. St.; 19 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dont Know. (Month) (Day), 1 (Year)

7-AGE. 50 yrs. 0 mos. 0 da. If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Austria Galicia

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Dont Know.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski.

(Address) 705 S. Ann St.

15- Filed JAN 28 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1915, to Jan 27, 1915, that I saw her alive on Jan 27, 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

No Operation Postmortem

about one year (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

about the end (Duration) ....yrs. ....mos. ....ds.

(Signed) Fredk A. Comegys M. D.

Jan 28 1915. (Address) 2201 E. Balt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Jan. 30, 1915.
20-UNDERTAKER, M. F. Sadowski.	ADDRESS 705 S. Ann.

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

C82277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Irene Fowble

(Residence in Baltimore: No. 504 W. 28th St St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September (Month) 28 (Day) 1914 (Year)

7-AGE, ...yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Fowble

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Irene Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Fowble

(Address) 504 W. 28 St

15- JAN 28 1915 Filed....., 191.....

ROBERT . KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 28 1915, to Jany 28 1915, that I saw her alive on Jany 28 1915, and that death occurred, on the date stated above, at 2 30 P.m.

The CAUSE OF DEATH* was as follows:

(Broncho Pneumonia

..... (Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY. (Secondary) Prematurity (7 mos.)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Vinton Clift M. D.

Jany 28 1915. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3/24 In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 504 W. 28th St

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden

DATE OF BURIAL, Jany 30, 1915

UNDERTAKER Kenworth & Son

ADDRESS Calvert St

C82278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82278

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Charles & 27th St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Judge

Residence in Baltimore: No. 300 W 30th St.

St.; yrs., 62 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 9, 1852, 1
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Local Mngr. Gen'l
(b) General nature of industry, business, or establishment in which employed (or employer): Electric Co.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Henry Judge

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anne McNulty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph C. Judge

(Address) 2610 Elsinor Ave.

15 JAN 28 1915 ROBERT , KRAUSE, Filed....., 19..

Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ...yrs. 1 mos. 4 ds.

(Signed) Wm. C. Hays M. D.
(Coroner)

Jan 28, 1915 (Address) 364 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESILENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan 29, 1915

20-UNDERTAKER	ADDRESS
Harry W. Mears & Son	5051 N. Calvert St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82279 × 79 C82279

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Fleagle

(Residence in Baltimore: No. Guyumbrook, Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 13, (Day) 1904 (Year)

7-AGE, 10 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School-boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edw. Fleagle.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eva Bowers.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Rhelps.

(Address) Johns Hopkins Hosp.

15- Filed JAN 28 1915, 191.

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1915, to Jan 28, 1915, that I saw h.. alive on Jan. 28 1915, and that death occurred, on the date stated above, at 1½ p. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insufficiency

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Alma S. Rothbrock M. D.

Jan 28, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Guyumbrook Md

19-PLACE OF BURIAL OR REMOVAL, Glyndon Md. DATE OF BURIAL. Jan 28, 1915

20-UNDERTAKER Jos. Cline ADDRESS Reisterstown Md.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82280

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2214 Frederick Ave ST.) 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph George W. Almond

(Residence in Baltimore: No. 2214 Frederick Ave St.; 39 yrs., 10 mos., 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March (Month) 7 (Day), 1875 (Year)

7-AGE, 39 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John F. Almond.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, A. Hinkes

13-BIRTHPLACE OF MOTHER (State or Country), Manchester Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Murry L. Byrne

(Address) 2107 Hollins St.

15-JAN 28 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Sam'l Wartzog (Coroner) M. D.

Jan 26th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Jan. 28, 1915

20-UNDERTAKER George J. Ould ADDRESS 1 Fayette St

SAFE DARK

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82381

CERTIFICATE OF DEATH.

29 C82381

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1940 Light St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Schaefer

(Residence in Baltimore: No. 1940 Light St St.)

50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tin Can

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Andrew Schaefer .....

(Address)..... Washington D C .....

15- FEB JAN 28 1915 by ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 26 ..., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Dis, of Heart

(Duration) Sudden mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) Edw Gorsuch M. D.
(Coroner.)

Jan 27 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery | DATE OF BURIAL, Jan. 29, 1915

20-UNDERTAKER P. & M. J. Flynn | ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C82282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C82282

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1634 Belt ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Mc Lynn

(Residence in Baltimore: No. 1634 Belt

65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1836 (Year)

7-AGE. 78 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Seymour

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Garrity

(Address) 1634 Belt St

15- Filed JAN 28 1915, 19... ROBERT , KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27 (Month) (Day), 191 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry found that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Dis of Heart

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Jan 28, 191 5 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Jan. 30, 1915

20-UNDERTAKER D & M. D. Flynn — ADDRESS 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82283 C82283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 308 E. Fort ave (St.;) 24 (Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Ryan

(Residence in Baltimore: No.) 308 E. Fort ave (St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Feb. (Month) 25 (Day), 1865 (Year)

7-AGE: 49 yrs. 11 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Thomas Kelly

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Gill

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Ryan

(Address) 308 E. Fort ave.

15- JAN 28 1915 Filed, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Jan 26 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Accidental Fall on Ice
Fracture of Femur
Surgical neck

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Jas. A. O'Donnell M. D.

Jan 27 1915. (Address) 107 E. West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Jan 30, 1915.

20-UNDERTAKER Ed M. J. Flynn — ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82284 64 C82284

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1135 N. Fremont Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Thomas Frank

(Residence in Baltimore: No. 1135 N. Fremont Ave St.; 12 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 20, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 7 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ernest Frank

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Leidecker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ernest Frank

(Address) 1135 N Fremont Ave

15- JAN 29. 1915 HARRY O. ANDREWS
Filed....., 191....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1914, to Jan. 27 1915, that I saw h im alive on Jan. 27 1915, and that death occurred, on the date stated above, at 2.12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) 2 yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan. 27, 1915. (Address) 1827 Runnells Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan 29, 1915

20-UNDERTAKER Geo Lein Back-Son ADDRESS 647 W Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C82285

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82285

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E 21st. ST.; 12 WARD) REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Louise Lehr.

(Residence in Baltimore: No. 19 E 21st St.; 6 yrs., 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-STATE—MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 30 (Month), 30 (Day), 1908 (Year)

7-AGE, 6 yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm G Lehr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore County

12-MAIDEN NAME OF MOTHER Ida Bothe.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm G Lehr

(Address) 19 E 21st St

15- Filed JAN 29 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day), 1915 (Year)

17) I HEREBY CERTIFY, That I attended deceased from July 25 1915 to Jan 29 1915; that I saw her alive on Jan 28 1915; and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) H Theobald M. D.

Jan 29 1915 (Address) 1228 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL. Jan 29 1915

20-UNDERTAKER Mrs A Rohdenson — ADDRESS 730 Pa Ave

2 1/2

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82286

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E. Chase ST.; 8th WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C. Ruddell

(Residence in Baltimore: No. 1500 E. Chase St.: —yrs., —mos., —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1852 (Year)

7-AGE, 62 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Ruddell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Riddle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith F. Ruddell

(Address) 1500 E. Chase St

15- Filed JAN 29 1915 191 BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1914, to Jan. 27, 1915, that I saw him alive on Jan. 27, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(Duration) — yrs. 3 mos. ....ds.

(Signed) Edwin B. Fenby M. D.

Jan. 27, 1915. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Jan. 29, 1915

20-UNDERTAKER John B. Spence — ADDRESS 1329 N. Caroline St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82287 HEALTH DEPARTMENT--CITY OF BALTIMORE 80 C82287

CERTIFICATE OF DEATH

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1127 Argyle Ave St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia Lizzie Lee

(Residence in Baltimore: No. 1127 Argyle Ave St.) 39 yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec. 18, 1875 (Month) (Day) (Year)

7 AGE: 39 yrs. 1 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry. Caesar

11 BIRTHPLACE OF FATHER (State or country): Fredrick. Md

12 MAIDEN NAME OF MOTHER: Mary. Murdock

13 BIRTHPLACE OF MOTHER (State or country): Fredrick. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William. A. Caesar.
(Address) # 1127. Argyle ave

15 Filed JAN 29 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 28, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1915, to Jan 26 1915, that I saw her alive on Jan 25, 1915, and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris
Grippe
Died Suddenly (Duration) 1 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Chas. H. Ryland M. D.
Jan 26, 1915 (Address) 1119 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 1

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: 1/29, 1915

20 UNDERTAKER: Samuel T Kennedy | ADDRESS: 579 N Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82288

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82288 170

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 922 JORDAN ALLEY, St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JOHN H. TUTT,

(Residence in Baltimore: No. 922 JORDAN ALLEY ; St.: yrs. 15 years. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, April (Month) 16th (Day), 1877. (Year)

7-AGE, 37 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Henry Tutt,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Beatrice Scott,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Berkley C. Tutt, brother.

(Address) 1806 N. Charles street.

15- Filed JAN 29 1915 19[illegible] BARRY O. [illegible] Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CHRONIC INTERSTITIAL NEPHRITIS,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) CHRONIC ALCOHOLISM,

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Weigel M. D. (Coroner)

Jan. 28, 1915. (Address) 1103 Valley street.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Jan 29, 1915
20-UNDERTAKER Samuel F Hemsley	ADDRESS 578 N Bridle

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec. 19-13—M. & T.—500 Bks.

082289

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 082289

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1323 Greenmount Av. St.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Cadahan

(Residence in Baltimore: No. 1323 Greenmount Ave St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: May 3, 1868 (Month) (Day) (Year)

7-AGE: 46 yrs. 2 mos. 24 ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Thos Rochfort
11-BIRTHPLACE OF FATHER (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Cath Lynd
13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Tom F. Coolahan
(Address) 1323 Greenmount ave

15-
Filed JAN 29 1915, 191... HARRY O. ANDREWS, Assist Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 191..., to Jan 27 191...,
that I saw h... alive on Jan 26 191...,
and that death occurred, on the date stated above, at 9 m.
The CAUSE OF DEATH* was as follows:

Cerebro Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem
DATE OF BURIAL, Jan 30 1915

20-UNDERTAKER Chas Nauert & Son
ADDRESS 118 W Fayette Ave

C82290 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 C82290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1236 Mc Elderry ST.: 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Muth

(Residence in Baltimore: No. 1236 Mc Elderry St.; yrs., 25 ~~mos.~~ ~~da.~~)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 98 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Bond

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Muth

(Address) 1236 Mc Elderry st

15- Filed JAN 29 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Senility .....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY ..... (Secondary)

..... , (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D. (Coroner.)

Jan 27th, 1915. (Address) 723 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Memorial Park — DATE OF BURIAL, Jan 29, 1915

20-UNDERTAKER J. Linton & Bro — ADDRESS 1107 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82291

CERTIFICATE OF DEATH.

45 C82291

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Or. Madison & Linden Ave ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Emma Shaw

Residence in Baltimore: No. 1208 Hollewood Ave St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug 1, 1867 (Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Geo H. Masmore

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary E. Bull

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Masmore

(Address) Parkton Md.

15-

Filed JAN 29 1915, 191.... HARRY O. [illegible], Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1915, to Jan 29 1915, that I saw her alive on Jan 29 1915, and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinomatosa degeneration of Sigmoid Gut with Metastasis throughout Pelvis Abdomen

(Duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation.

(Duration) yrs. mos. 1 ds.

(Signed) Herbert C. Blake M. D.

Jan. 29, 1915. (Address) 1014 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1208 Hollewood Ave

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Stewartstown Pa. DATE OF BURIAL, Feb. 1..., 1915.

20-UNDERTAKER Horace Burgee & Son ADDRESS 2631 Falls Rd

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82292

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C82292

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Baker St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Glaser

(Residence in Baltimore: No. 522 Baker Street St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Unknown, 1845
(Month) (Day) (Year)

7-AGE 70 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Widow
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ely Harris Glaser

(Address) 1209 Orleans St

15. JAN 29 1915 Filed....., 191.....

HARRY O. ANDREAE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 29 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December, 1914, to, January 1915, that I saw h. alive on January 26 1915, and that death occurred, on the date stated above, at 3 A. m. The CAUSE OF DEATH* was as follows:

Carcinoma of stomach and liver

(Microscopic Examination) (Duration) 4 yrs. mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed), Dr. A. K. A. Mayer M. D.

Jan 29 1915 [Address] 618 Madison Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 522 Baker St

19-PLACE OF BURIAL OR REMOVAL Weber Herring Burial DATE OF BURIAL Jan 31, 1915

20-UNDERTAKER S. Levinson & Co. ADDRESS 1607 E. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82293

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82293

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jr Scott

(Residence in Baltimore: No. 1808 W. Lemon St St.; ....yrs.... mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 38 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Record

15-

Filed JAN 29 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1915, to Jan 28 1915 that I saw h.... alive on Jan 21 1915 and that death occurred, on the date stated above, at 12.50 p m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward S. Smith M. D.

Jan 28, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1808 W. Lemon St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, JAN 28 1915

20-UNDERTAKER Commissioner of Health. — ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82294 81 C82294

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 James ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Webb

(Residence in Baltimore: No. 1243 James St St.; 8 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Feb 5 (Month) 1837 (Day), 1 (Year)

7-AGE, 77 yrs. 2 mos. 23 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Webb

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carrie Bagley

(Address) 1243 James st

15-

Filed JAN 29 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1915, to January 28 1915, that I saw him alive on January 27 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Paralysis of Heart,

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Asthenia and Arteriosclerosis

(Duration) yrs. 2 mos. ds.

(Signed) Shepherd Brain M. D.

January 28 1915 (Address) 912 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Jan 30th, 1915

20-UNDERTAKER John J Fields — ADDRESS 1200 W Lanvale st

Spec —5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082295

10 C 082295

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Bethel ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Cook

(Residence in Baltimore: No. 519 N. Bethel St.; .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
37 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ella Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Smith

(Address) 1.5.D.L.E. Monument

15-

Filed JAN 29 1915, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1914, to June 26 1915, that I saw h[illegible] alive on Jun 25 1915, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus and Peritoneum of S. Pouch of Douglas

Pulmonary Tuberculosis, Pneumonia & Pleurisy involvement (Duration) ....yrs. 2 mos. 29 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis from

Rupture of Pouch (Duration) ....yrs. 2 mos. ....ds.

(Signed) [illegible] Burns M. D.

June 26, 1915. (Address) 2.2.1.5 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	June 29, 1915
20-UNDERTAKER W. F. Elliott	ADDRESS 506 Rogers Ave

C82296 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C82296

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 624 Aull ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Nordt

(Residence in Baltimore: No. 624 Aull St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 15, 1854 (Month) (Day) (Year)

7-AGE: 60 yrs. 1 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Christian Nordt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Martin

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Christina Nordt

(Address) 624 Aull St

15. Filed JAN 29 1915 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 2, 1915, to January 27 1915, that I saw h[illegible] alive on January 27 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) three yrs mos. ds.

Contributory (SECONDARY) Anemia and Exhaustion

(Duration) yrs mos. 6 ds.

(Signed) Henry Whitbeck M. D.

Jan 27 1915 (Address) 1618 Gorsuch ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 31, 191 5

20-UNDERTAKER: Henry Whitbeck Son — ADDRESS: 1301 Eutaw pl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82297

CERTIFICATE OF DEATH.

19 C82297

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 Aisquith St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Creamer

(Residence in Baltimore: No. 1045 Aisquith St. St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, [illegible] (Month) (Day) 1 (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). England

PARENTS.

10-NAME OF FATHER. William J. Love

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Jane Young

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Joshua Creamer

(Address) 1045 Aisquith St

15-

Filed JAN 29 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14th 1915, to Jan 27th 1915, that I saw h[illegible] alive on Jan. 27th 1915, and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Ch. Valv. Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Dropsy

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

Jan 28, 191.5 (Address) 2854 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, January 30th, 191.5

20-UNDERTAKER Henry Disque Son

ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 10 Ward)

2-FULL NAME Lena Louisa Krieger

(Residence in Baltimore: No. 907 Somerset St

St.; yrs., mos. ds.)

1917 C82298
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 17 (Day), 1910 (Year)

7-AGE, 4 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John E. Krieger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Hoerle

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Krieger

(Address) 907 Somerset St.

15- JAN 29 1915 HARRY O. ANDREWS

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Nephritis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Accidental Burns (upset hot coffee pot)

(Duration) ....yrs. ....mos. 22 ds.

(Signed) Mose M. Savage, M. D. (Coroner.)

Jan. 28, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 21 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 907 Somerset St.

Former or usual residence 907 Somerset St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, Jan. 30, 1915

20-UNDERTAKER Henry Hoerle Son

ADDRESS 130 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

DR. N. L. DASHIELL
NO. 2027 SAINT PAUL STREET
BALTIMORE, MD.

CERTIFICATE OF DEATH.

92

REGISTERED No. C 082299

082299

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 126, South Register ST.: 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME George Guess.

(Residence in Baltimore: No. 126 South Register St. St. Nuberosus (Yrs. Mos. Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6—DATE OF BIRTH, Oct 3d, 1825
(Month) (Day) (Year)

7—AGE, 89 yrs. 3 mos. 24 ds.
If LESS than 1 day, ...hrs. or ....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Acute Pneumonia
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Don't Know

11—BIRTHPLACE OF FATHER (State or Country), Germany

12—MAIDEN NAME OF MOTHER Don't Know

13—BIRTHPLACE OF MOTHER (State or Country), Don't Know

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Catherine Guess
(Address) 126 S. Register St.

15—

Filed..... 191 HARRY O. ANDREWS,
Registrar.

JAN 29 1915

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Jan 27, 1915
(Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Jan 26, 1915, to Jan 27, 1915, that I saw h.. alive on Jan 26, 1915, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

48 hours (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ...yrs. ...mos. ...ds.

(Signed) N. L. Dashiell M. D.

Jan 27, 1915. (Address) 2027 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem.

DATE OF BURIAL, Jan 30, 1915

20—UNDERTAKER Lilly & Julia

ADDRESS 403 N Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C8230 HEALTH DEPARTMENT—CITY OF BALTIMORE C8230

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rhoda Caudill

(Residence in Baltimore: No. Otto, W. Va. St.; ....yrs.. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct. ....., 1848
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 3 mos. ....ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Andy Blevins, N.C.

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Susie Jarvis

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Pfeiffer
(Address) Johns Hopkins Hosp

15-
Filed JAN 29 1915, 191.... HARRY O. ANDREWS, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21 1915, to Jan 27 1915, that I saw h[illegible] alive on Jan. 27 1915, and that death occurred, on the date stated above, at 8 20 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Operation)
..... (Duration) ....yrs. 9 mos. 6 ds.

CONTRIBUTORY (Secondary) Intestinal Carcinoma
..... (Duration) ....yrs. (?) mos. ....ds.

(Signed) W. R. Holmes M. D.
Jan. 27 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 9 ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence Otto, W. Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Clarksville Ga	Jan. 29.., 191.5.
20-UNDERTAKER Allen & Tullis	ADDRESS 221 N Bradley

Spec.—8-24-14—M. & T.—2000 Bks.

C82301 HEALTH DEPARTMENT—CITY OF BALTIMORE C82301

CERTIFICATE OF DEATH. 120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Emma V. Sullivan

(Residence in Baltimore: No. 1231 East Biddle St St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1859 (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Isaac B. Hatzel

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. B. Sullivan

(Address) 1201 N. Castle St.

15- JAN 29 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-16 1915, to 1-26 1915, that I saw her alive on 1-26 1915, and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstit. Nephritis

..... (Duration) ? yrs. ? mos. 10 ds.

(Signed) John D. Feuchtwanger M. D.

1-26, 1915 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1231 East Biddle St

19-PLACE OF BURIAL OR REMOVAL: Cat. Cem. Co. DATE OF BURIAL, Jan 29, 1915.

20-UNDERTAKER: Jos. J. Talbert & Co. ADDRESS 1318 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

C82302

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82302

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Bloomberg St.; 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella A McBee

(Residence in Baltimore: No. 105 Bloomberry St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 11, 1879
(Month) (Day) (Year)

7-AGE, 35 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. O. Butler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amelia Slaughter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. A. McBee

(Address) 105 Bloomberg St.

15- JAN 29 1915 HARRY O. [illegible]
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to June 27 1915, that I saw h alive on Jan 27 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) — yrs. — mos. 1 ds.

(Signed) R. R. Campbell M. D.

Jan 28 1915. (Address) 1646 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER, [illegible] — ADDRESS 13 N Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82303

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82303

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3640 Rail Road Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Of Robert & Harriet R. Gettings

(Residence in Baltimore: No. 3640 Rail Road Ave. St.; ...yrs. ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Jan. (Month) 25 (Day), 1915 (Year)

7-AGE: ...yrs. ...mos. 3 ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Cuty Md.

PARENTS

10-NAME OF FATHER: Robert H. Gettings

11-BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

12-MAIDEN NAME OF MOTHER: Harriet R. Smith

13-BIRTHPLACE OF MOTHER (State or country): A.A.Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Rob. H. Gettings

(Address): 3640 Rail Road Ave.

15- Filed JAN 29 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-25, 1915, to, 1-28 1915, that I saw her alive on 1-28 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale
(Heart did not close)

(Duration) ...yrs. ...mos. 3 ds.

Contributory (SECONDARY) Pneumonia in mother

(Duration) ...yrs. ...mos. 6 ds.

(Signed) C. F. Loughlin M. D.

1/28 1915 [Address] 3701 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's R. C. | DATE OF BURIAL: Jan 30, 1915

20-UNDERTAKER: A. S. Marshall | ADDRESS: 533 Fall Road

C82304 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C82304

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2106 W. Pratt ST.: 20 WARD)
2-FULL NAME Amanda F. Remminger
(Residence in Baltimore: No. 2106 W. Pratt.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 7 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April (Month) 14th (Day) 1861 (Year)

7-AGE: 53 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Martin Remminger

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Madline Hind

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lily C Reaves

(Address) 2106 W. Pratt St.

15-
Filed JAN 29 1915 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Sam'l J. Quinby M. D.
(Coroner.)

Jan 29th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery. DATE OF BURIAL, Jan. 30, 1915.

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Frederick Ave.

C82305

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82305

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Hanover ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Fanning

(Residence in Baltimore: No. 406 Hanover St.; ....yrs. ....mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Aug (Month) 6th (Day), 1873 (Year)

7-AGE: 41 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John P. Schuart

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Carie Ruca

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm A Fanning

(Address) 406 Hanover St.

15- Filed JAN 30 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1915, to, Jan 27 1915, that I saw h.. alive on Jan 27 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. Unknown mos. ....ds.

Contributory (SECONDARY)

(Duration) ....yrs. ....mos. ....ds.

(Signed), Jno P Schuart M. D.

Jan 28 1915. [Address] 545 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 30th 1915

20-UNDERTAKER: Putnam & Jote — ADDRESS: 1729 W Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82306

CERTIFICATE OF DEATH.

152 C82306

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 260 N Exeter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Lombardo

(Residence in Baltimore: No.) 260 N Exeter St.; yrs. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Jan (Month) 27 (Day), 1915 (Year)

7-AGE, yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Angelo Lombardo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lombardo

(Address) 260 N Exeter

15-Filed JAN 30 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1915 to Jan 28 1915, that I saw him dead on Jan 28 1915, and that death occurred, on the date stated above, at 1100 P. m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hemorrhage from wound of

(Duration) yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Jan. 29., 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 260 N Exeter St.

Former or usual residence 260 N Exeter St.

19-PLACE OF BURIAL, OR REMOVAL, St Vincents Cem — DATE OF BURIAL, Jan 30, 1915

20-UNDERTAKER Lilly & Giles — ADDRESS 403 S. Wolfe St.

U. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82307

CERTIFICATE OF DEATH

15 C82307

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Orleans St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Murphy

(Residence in Baltimore: No. 1731 Orleans St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F

4-COLOR OR RACE: B

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Jan. (Month) 26 (Day), 1915 (Year)

7-AGE: 40 hrs. ....yrs. ....mos. ....ds. If ~~LESS than 1 day, 40~~ hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: ~
(b) General nature of industry, business, or establishment in which employed (or employer): ~

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: William Murphy

11-BIRTHPLACE OF FATHER (State or country): N. Carolina

12-MAIDEN NAME OF MOTHER: Lizzie Lyle

13-BIRTHPLACE OF MOTHER (State or country): Arkansas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

15- Filed JAN 30 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. 12764 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 1915, to, Jan 28, 1915, that I saw h~~e~~r alive on Jan 28 1915, and that death occurred, on the date stated above, at 2:35 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ~ yrs ~ mos ~ ds.

Contributory (SECONDARY)

(Duration) ~ yrs ~ mos ~ ds.

(Signed), E. D. Plass, M. D.

Jan. 28, 1915 [Address] J. H. H.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 30 1915

20-UNDERTAKER: Commissioner Health.

ADDRESS

FOR STATISTICAL PURPOSES ONLY

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82308

31 C82308

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Druid Hill Ave ST. ..... WARD 14)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Estella Lewis

(Residence in Baltimore: No. 1902 Druid Hill Ave St.; 2 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 5 (Month) (Day), 1893 (Year)

7-AGE: 21 yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): Student

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: James Lewis

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Emma Waiker

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Perry

(Address) 1902 Druid Hill Ave

15- Filed JAN 30 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25, 1914, to, Jan 27 1915, that I saw her alive on Jan 26 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonal tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (SECONDARY) Lower Vitality & Contact

(Duration) – yrs. – mos. – ds.

(Signed) J. T. Hawkins M. D.

Jan 27, 1915 [Address 1202 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Forest Park

DATE OF BURIAL: Jan 29, 1915

20-UNDERTAKER: J. A. Bibby

ADDRESS 117 N Eutaw

Spec.—5-19-13—M. & T.—500 Bks. Samuel H. McNeely.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82309 64 C82309

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Samuel H McNeely

(Residence in Baltimore: No. 125 Jackson Pl St.; ....yrs., mos. 7 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. 4, 1847 (Month) (Day) (Year)

7-AGE, 67 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (for employer)

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, William McNeely

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Mary Leista

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha A. McNeely

(Address) Canton, R. F. D.

15- JAN 30 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1915 to Jan 29 1915, that I saw h-m alive on Jan 29 1915, and that death occurred, on the date stated above, at 8.40 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Respiratory paralysis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. Daing Reichert M. D.

Jan 29 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. 12 ds.

Where was disease contracted, if not at place of death? 125 Jackson Pl.

Former or usual residence Canton North Carolina

19-PLACE OF BURIAL OR REMOVAL, Canton, N. C.

DATE OF BURIAL, Jan 29, 1915.

20-UNDERTAKER Jno. A. Braun

ADDRESS Bank & Amity

N. B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82310 HEALTH DEPARTMENT---CITY OF BALTIMORE C82310

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C 19

CITY OF BALTIMORE: (No. 1722 North Calvert St. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Northrop Didier

(Residence in Baltimore: No. 1722 N. Calvert St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: January 4, 1850 (Month) / (Day) / (Year)

7-AGE: 65 yrs. 0 mos. 28 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Charleston, S. C.

PARENTS

10-NAME OF FATHER: Genl. Lucius B. Northrop

11-BIRTHPLACE OF FATHER (State or country): Charleston, S. C.

12-MAIDEN NAME OF MOTHER: Maria de Pernabeu

13-BIRTHPLACE OF MOTHER (State or country): Porto Rico, W. I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. Contee Rose

(Address) 1721 N. Calvert St.

15- JAN 30 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January, 1914, to January 28 1915, that I saw h. alive on Jan 28 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. 15 mos. ..... ds.

Contributory (SECONDARY) Renal insufficiency

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) H. E. Tyler M. D.

Jan 29, 1915 [Address] 1008 Cathedral St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Jan. 30/1915

20-UNDERTAKER: Henry W. Meaux Son — ADDRESS: 805 N. Calvert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82311

CERTIFICATE OF DEATH.

19 C82311

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1017 HARLEM AVENUE, St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LOUIS R. BROADBENT,

(Residence in Baltimore: No. 1017 HARLEM AVENUE ; St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, September 30th, 1843.
(Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Stephen Broadbent,

11-BIRTHPLACE OF FATHER (State or Country). England,

12-MAIDEN NAME OF MOTHER Mary Eugenia Scottie,

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma D. Roche,

(Address) 1112 W. Lafayette ave.

15- Filed JAN 30 1915. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

MYOCARDITIS,
(SCLEROSIS CORONARY ARTERIES)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner)

Jan. 29, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/30, 1915

20-UNDERTAKER Henry W. Dreas 2nd

ADDRESS 805 N. Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C82312

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 W.North Ave., ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gabriel Gump,

(Residence in Baltimore: No. 850 W.North Ave., St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Feb. (Month) 23rd. (Day), 1830 (Year)

7-AGE, 84 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired,
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Liquor

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Abraham Gump,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Gump,

(Address) 850 W.North Ave,

15-Filed JAN 30 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 28th. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1915, to Jan 28 1915, that I saw h[illegible] alive on Jan 28th 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

Jan 29, 1915 (Address) 1910 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL. Jan. 31st 1915

20-UNDERTAKER Waldo Landheim ADDRESS 118 a. W. Lloyd St.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C82313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C82313

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Madison Ave., ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Senon,

(Residence in Baltimore: No. 1825 Madison Ave., St.; 35 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widow,

6-DATE OF BIRTH, Feb. (Month) 8th. (Day) 1832 (Year)

7-AGE, 82 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Bay Senon,

(Address) 1825 Mad. Ave.

15- Filed JAN 30 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 28th. (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th 1914, to Jan 28th 1915, that I saw h er alive on Jan 28th 1915, and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmaties of old age

(Duration) 2 yrs. mos. ds.

(Signed) Edmund Duvall M. D.

Jan 29, 1915. (Address) 22 E. Cayuga st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Hebrew.	Jan. 31st 1915
20-UNDERTAKER David Goodman	ADDRESS 1141 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82314 — 92 C82314

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Hess' Ct. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Singleton

(Residence in Baltimore: No. 124 Hess' Ct. St.; ..... yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Sept. (Month) 29th (Day) 1914 (Year)

7-AGE, ... yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Fredric Singleton

11-BIRTHPLACE OF FATHER (State or Country), Savanna, Ga.

12-MAIDEN NAME OF MOTHER Bessie Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Holmes

(Address) 124 Hess Ct

15- JAN 30 1915 Filed....., 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 29th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26th 1915, to Jan. 29th 1915, that I saw him alive on Jan. 28th 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute)

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

Asphyxia ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan. 29th, 1915. (Address) 1704 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Ct	Jan 31, 1915
20-UNDERTAKER	**ADDRESS**
C. H. Brown & Son	108 N. Monto

Every item of information should be carefully supplied. ACCURACY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E·T·Y

C82315 HEALTH DEPARTMENT—CITY OF BALTIMORE C82315

CERTIFICATE OF DEATH

63

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. Longwood St. & Clifton Ave. ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine H Arthur

(Residence in Baltimore: No. Longwood St. & Clifton ave St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Nov 25, (about) 1865 (Month) (Day) (Year)

7-AGE: about 50 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Cleveland Ohio

PARENTS

10-NAME OF FATHER: Unknown by me

11-BIRTHPLACE OF FATHER (State or country): unknown by me

12-MAIDEN NAME OF MOTHER: Woodward

13-BIRTHPLACE OF MOTHER (State or country): unknown by me

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. J. arthur

(Address) Longwood + Clifton ave Walbrook

15. Filed JAN 30 1915 19... DANIEL O. ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jany 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 6, 1915, to, Jany 29 1915, that I saw h[er] alive on Jany 15, 1915, and that death occurred, on the date stated above, at 2.0 P m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis 7 year
Paraplegia 2 "
Anasarca 2 "

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Nephritis Interstitial

about (Duration) 10 yrs. ... mos. ... ds.

(Signed) G Lane Fauntleroy M. D.

Jany 29, 1915 (Address) 1103 Madison av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mt Cemetery — DATE OF BURIAL: Jany 31st 1915

20-UNDERTAKER: Stewart & Mowen Co — ADDRESS: 1081 W Northern

Spec.—8-24-14—M. & T.—2000 Blks.

C82316

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82316

CERTIFICATE OF DEATH.

REGISTERED NO. C 109

1-PLACE OF DEATH,
CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Donnelly

(Residence in Baltimore: No. 1606 Guilford Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. May 23, 1892
(Month) (Day) (Year)

7-AGE. 22 yrs. 8 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frik Paulsen

(Address) 702 r Oakley St

15- Filed JAN 30 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1914, to Jan 28 1915, that I saw h r alive on Jan 28 1915, and that death occurred, on the date stated above, at 9.45 Pm.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ... yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary) Gangerous Appendix

adhesions (Duration) ... yrs. ... mos. 18 ds.

(Signed) Walter L. Timms M. D.

Jan 29, 1915 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. 2 mos. 24 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1606 Guilford Ave

19-PLACE OF BURIAL, OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Febry 1st, 191...

20-UNDERTAKER Stewart & Mowen Company — ADDRESS 108 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82317

HEALTH DEPARTMENT—CITY OF BALTIMORE 167 C82317

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md. Hosp ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Peace

(Residence in Baltimore: No. 2041 Hargrove al St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan ....., 1897
(Month) (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter for
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

9-BIRTHPLACE, (State or Country), Harford Co

PARENTS.

10-NAME OF FATHER, Edward Peace

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Bishop

(Address) 2011 Hargrove Alley

15- JAN 30 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Clothes saturated from Gasoline explosion (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Burns (accident.)
(Duration) yrs. mos. 20 ds.

(Signed) J. J. Jeffers M. D.
(Coroner.)
Jan 29 1915 (Address) 413 N. Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 20 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2011 Hargrove St

19-PLACE OF BURIAL OR REMOVAL, Pt Lookout Md — DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER Lowe & Hawley — ADDRESS 5780 Reisterstown Rd

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82348 — 5 — 28 C82318 — REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 645 Sterling St ST. 5 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James William Burke

(Residence in Baltimore: No. 645 Sterling St St.: 39 yrs. — mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 12 (Month) 21 (Day), 1876 (Year)

7-AGE: 38 yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter - Sweeping and
(b) General nature of industry, business, or establishment in which employed (or employer): Cleaning around Wk Rooms and Bar Fixtures at brewery

9-BIRTHPLACE (State or country): Balto County Md

PARENTS

10-NAME OF FATHER: James Williams

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Amelia Groom

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Burke

(Address) 645 Sterling St.

15. JAN 30 1915 Filed ..., 191... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1914, to. Jan 28 1915.
that I saw h[illegible] alive on Jan 28, 1915.
and that death occurred, on the date stated above, at 7.22 a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. 24 ds

Contributory (SECONDARY) Acute Nephritis

(Duration) yrs. ... mos. 4 ds.

(Signed), A. L. Hornstein M. D.

1/28, 1915. (Address) 733 a. eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 1/31, 1915

20-UNDERTAKER: W M Cook — ADDRESS: 501 N. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

Pole 2038 Madison Ave

C82319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 91 C82319

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 N. Gilmor ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ida Beam

(Residence in Baltimore: No. 1408 N. Gilmor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 29, 1860 (Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Henry E. Shipley

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER, Isabella Peacock

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank W. Beam

(Address) 1408 N. Gilmor

15- JAN 30 1915 Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915 to Jan 29 1915, that I saw her alive on Jan 28 1915, and that death occurred, on the date stated above, at 12.00 A m.

The CAUSE OF DEATH* was as follows:

Dilatation of the heart

Duration years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) A. C. Pole M. D.

Jan 29, 1915 (Address) 2038 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel — DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER William Cook — ADDRESS 507 E Nott Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82320

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82320

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E. Biddle ST.; 10 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Fannon

(Residence in Baltimore: No. 625 E. Biddle St.; yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED~~ OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 1 (Month), 1860 (Day) (Year)

7-AGE, 54 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Luke Fannon

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Connelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Anderson

(Address) 625 E. Biddle St.

15- Filed JAN 30 1915, 191.... HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1914, to Jan 28th 1915, that I saw h him alive on January 28 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(Duration) yrs. 6 mos. ds.

(Signed) Edmund Rowe M. D.

Jan 29, 1915. (Address) 201 Arnold

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 1, 191.5

20-UNDERTAKER H. C. Rudefeld

ADDRESS 914 Fremont Ave

457 W

C82321

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 C82321

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1128 W. Hamburg. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Richardson

(Residence in Baltimore: No. 1128 W. Hamburg. St. 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, June 17, 1857
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER, Isaac Richardson

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Matilda Yerger

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Ringgold

(Address) 702 N. Mulberry St

15-
Filed JAN 30 1915, 19.. HARRY O. ANDREWS, Registrar. Harriet Perrit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June. 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. L. Gaither M. D.
(Coroner)

June 29th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, June 30, 1915

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82322

C82322

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Dulaney St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Caroline L Munck

(Residence in Baltimore: No. 2523 Dulaney St.: 61 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Should be signed by ATTENDING PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 19th, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mo Bamback

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mo Grape

(Address) 2523 Dulaney St

15. JAN 30 1915 Filed, 191

HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 9 1915, to January 29 1915, that I saw her alive on January 29 1915, and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Goiter, Dilated Heart
Chronic Bronchitis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Lead Poisoning

(Duration) One yrs. mos. ds.

(Signed) E. Genuit M. D.

Jan 29 1915. (Address) 1605 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, Feb. 1, 1915

20-UNDERTAKER Joseph Sypes | ADDRESS 16 or 18 North Carey

Spec.—8.24.14—21. & T.—2000 Bks.

C82323

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82323

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Daylor

(Residence in Baltimore: No. 659 Bradley St.; ....yrs. 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... July (Month) 11th (Day), 1914 (Year).

7-AGE, ...yrs. 5 mos. 18 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Spencer Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Moore

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 659 Bradley St.

15- JAN 30 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 191 5, to Jan 29 191 5, that I saw him alive on Jan 29 191 5, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Feuby M. D.

191.. (Address) M. E. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 659 Bradley St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. | DATE OF BURIAL, Jan 4th 1915

20-UNDERTAKER George H. Holland | ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82324

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1915

C82324

PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1406 N Mount St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Harvey.

(Residence in Baltimore: No. 1406 N Mount St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 17, 1858 (Month) (Day) (Year)

7-AGE: 56 yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Thos. Harvey.

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: ~~~ Booze.

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Harvey

(Address) 1406 N. Mount St

JAN 30 1915

Filed ..... 191.....

HARRY O ANDREWS, Clerk
Carlton Perrin, Deputy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 28. 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to Jan 28. 1915, that I saw ~~him~~ alive on Jan 28. 1915; and that death occurred, on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

..... (Duration) ..... yrs 6 mos. ..... ds.

Contributory (SECONDARY) Uremia & Edema.

..... (Duration) ~ yrs ..... mos. ..... ds.

(Signed) A M C Fruhlinger M. D.

Jan 28. 1915. [Address] 62 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 30. 1915

20-UNDERTAKER: John H Toadvine — ADDRESS: 142 W Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82325

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82325

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 Dover St. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Stuart.

(Residence in Baltimore: No. 658 Dover St ST.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1858 (Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard.

9-BIRTHPLACE (State or country): Calvert Co. Md.

PARENTS

10-NAME OF FATHER: Thos. Stuart

11-BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Gertrude Stuart

(Address): 658 Dover St.

15- JAN 30 1915 Filed 191

HARRY O. ANDREAS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 28th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1914 to Jan 28th 1915, that I saw him alive on Jan 28 1915, and that death occurred, on the date stated above, at 5.25 P. m.

The CAUSE OF DEATH* was as follows:

Nervous Prostration

(Duration) about 3 yrs mos. ds.

Contributory (SECONDARY): Pernicious Anaemia

(Duration) 3 yrs mos. ds.

(Signed) O. L. Nuckols M. D.

Jan 29, 1915 [Address] 333 N. Gilmor St

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Annapolis Md. DATE OF BURIAL: Jan 31, 1915

20-UNDERTAKER: James H. Dennis & Co. ADDRESS: 1303 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82326

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82326

1-PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. 1517 N Calhoun St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Conyer

(Residence in Baltimore: No. 1517 N Calhoun St St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1867 (Year)

7-AGE: 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Unknow

11-BIRTHPLACE OF FATHER (State or country): Unknow

12-MAIDEN NAME OF MOTHER: Unknow

13-BIRTHPLACE OF MOTHER (State or country): Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Otho Conyer

(Address): 151 N Calhoun

15 JAN 30 1915

Filed ....., 191 ..... HARRY O. ANDERSON, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16, 1915, to, Jan 30 1915, that I saw h.er alive on Jan 29 1915, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs ..... mos 2' ds.

Contributory (SECONDARY): Cardiac Asthenia

(Duration) ..... yrs ..... mos 7 ds

(Signed), E William Frey M. D.

Jan 30, 1915 [Address] 1928 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 1 1915

20-UNDERTAKER: James H Dinus — ADDRESS: 303 Fulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82327

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82327

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederica Rechtenwald

(Residence in Baltimore: No. 1250 N. Gay St. St.; 38 yrs. - mos. - ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: dont know, 1 (Month) (Day) (Year)

7-AGE: 38 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: F. Rechtenwald

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Lizebeth Hartmann

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Charles B. Thompson

(Address): Johns Hopkins Hospital

15- JAN 30 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1915, to, Jan. 28 1915, that I saw h.... alive on Jan. 27 1915, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Meningitis

Pneumonia.

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Charles B. Thompson M. D.

Jan. 28, 1915. [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs. mos 2 ds. In the State 38 yrs mos ds.

Where was disease contracted, if not at place of death? Baltimore.

Former or usual residence 1250 N. Gay.

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery. DATE OF BURIAL: Jan. 31th 1915

20-UNDERTAKER: George J. Reuth. ADDRESS: 1735 Harford ave

Spec.—5-19-13—M. & T.—500 Blks.

C82328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82328

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 201 S Broadway ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William L Krüger

(Residence in Baltimore: No. 201 S Broadway. St.; 47 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, August 19, 1844 (Month) (Day) (Year)

7-AGE, 70 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Gus Krüger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Hardy

(Address) 201 S Broadway

15- Filed JAN 30 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 06 1915, to Jan 29 1915, that I saw h— alive on Jan 29 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(b) —

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

2 (Duration) ....yrs. ....mos. 1 ds.

(Signed) Dr. C Bonner M. D.

Jan 30, 191.5. (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Febr. 1..., 1915.

20-UNDERTAKER Louis Heemann ADDRESS 32 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82329

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

29 C82329

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S. Front ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Edwards

(Residence in Baltimore: No. 16 S. Front St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November 1 (Month) (Day) (Year)

7-AGE: 32 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Sabarn
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: A. A. Edwards

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah Tagdon

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. P. Edwards

(Address) 729 Ramsay St.

15- JAN 30 1915 Filed ..... 191 Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 28, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 1915, to Jan 28 1915, that I saw him alive on Jan 28, 1915, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Phthisis Pulmonalis

(Duration) yrs 4 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Robert J Green M. D.

Jan 29 1915. [Address] 120½ Virginia St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feb 1st, 1915

20-UNDERTAKER: C J Fanning

ADDRESS: 1938 E Lafayette a

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82330

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Sarah Ann St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Stewart

(Residence in Baltimore: No. 939 Sarah Ann St.; 43 yrs. 11 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) 22 (Day), 1871 (Year)

7-AGE, 43 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Moses Cross

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Louisa Duncan

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Maurae

(Address) 106 N. Schroeder St.

15-

Filed JAN 30 1915

HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 14th 1915, to Jany 29th 1915, that I saw her alive on Jany 28th 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) C. P. Lemmey

(Duration) yrs. mos. 7 ds.

(Signed) C. H. Barkan M. D.

Jany 29 1915. (Address) 1403 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Feb 1., 1915.

20-UNDERTAKER Alfred J Freeland — ADDRESS 1145 N Schroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82331

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82331

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 848 S. Sharp St.; 22 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ernest W. Downing, Jr.

(Residence in Baltimore: No. 848 S. Sharp St.; 1 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. (Month) 19 (Day), 1906 (Year)

7-AGE: 8 yrs. 5 mos. 9 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Ernest Downing

11-BIRTHPLACE OF FATHER (State or country): Mass

12-MAIDEN NAME OF MOTHER: Victoria Dwyer

13-BIRTHPLACE OF MOTHER (State or country): Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Downing

(Address) 848 S Sharp St.

Filed JAN 30 1915

HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1915, to Jan 28, 1915, that I saw him alive on Jan 28, 1915, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows: midnight

Typhoid Fever

(Duration) yrs. mos. 20 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) G. A. Thiede M. D.

Jan 29, 1915 (Address) 1530 N Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 1, 1915

20-UNDERTAKER: Robert F Turner — ADDRESS: 1447 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82332

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 654 W Hoffman St. 17 Ward)

Registered No. C 82332

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Inloes.

(Residence in Baltimore: No. 654 W Hoffman St. 49 yrs. 5 mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Aug 22, 1865 (Month) (Day) (Year)

7-AGE: 49 yrs. 5 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A Blair

(Address) 634 Hoffman St

15. JAN 30 1915 Filed, 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1915 to Jan 29 1915, that I saw h[illegible] alive on Jan 28, 1915 and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) 1 yrs. 8 mos. 10 ds

Contributory (SECONDARY): Eurimia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Frank W Gunnon M. D.

Jan 29, 1915 (Address) 322 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Feb 1, 1915

20-UNDERTAKER: Felix B. Pye. — ADDRESS: 102 E. Mulberry St.

C82333

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82333

REGISTERED NO. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1808 Barclay ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hetty Fisher

(Residence in Baltimore: No. 1808 Barclay St.: 77 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: December 28th (Month) (Day), 1837 (Year)

7 AGE: 77 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Perry Co. Pennsylvania

PARENTS

10 NAME OF FATHER: Daniel Swartz

11 BIRTHPLACE OF FATHER (State or country): Perry Co. Pennsylvania

12 MAIDEN NAME OF MOTHER: Mrs. Harn.

13 BIRTHPLACE OF MOTHER (State or country): Perry Co. Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank L. Slyder (Son in Law)

(Address) 1808 Barclay St.

15 JAN 30 1915 Filed 191 HARRY C. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 30th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 1st 1915, to January 29th 1915, that I saw h[illegible] alive on January 29th 1915, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Valv. Dis of Heart
(Mitral)

(Duration) yrs. 10 mos. ds

Contributory (SECONDARY): Exhaustion

(Duration) Gradual yrs. mos. ds.

(Signed), C. E. Fischer M. D.

January 30th, 1915. (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: East New York Penna

DATE OF BURIAL: Jan 31 1915

20 UNDERTAKER: William Cook

ADDRESS: 507 E. North Ave

C82334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 79 C82334

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md. Hosp ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Horseman

(Residence in Baltimore: No. Benedict Charles Co Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July (Month) 18 (Day), 1850 (Year)

7-AGE 64 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fisherman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, James Horseman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Cusick

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George T Horseman
(Address) Charles Co Md

15- JAN 30 1915 Filed....., 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Edema of Lungs
(Duration)..... yrs..... mos..... ds.
CONTRIBUTORY. Organic heart disease
(Secondary)
(Duration)..... yrs..... mos..... ds.

(Signed) D. T. Jeffers (Coroner) M. D.
Jan 30, 1915 (Address) 1113 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State 64 yrs. mos. ds.
Where was disease contracted, if not at place of death? Charles Co
Former or usual residence Charles Co

19-PLACE OF BURIAL OR REMOVAL, Hughesville Md Cem Co. DATE OF BURIAL, Feb 1, 19 15

20-UNDERTAKER Joseph B Cook ADDRESS 1103 W Balt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82335

HEALTH DEPARTMENT—CITY OF BALTIMORE

156 C82335

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 306 Hanover St ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME S,L. Williams

(Residence in Baltimore: No. 306 Hanover St St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Police Station.....

(Address).....

15- JAN 30 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 26 (Day)., 1915 (Year)..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry ..... find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Suicide By Gas .....

..... (Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

Jan. 30., 1915. (Address) 517 Scott St .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Westminster Cem	Jan 31st 1915

20-UNDERTAKER	ADDRESS
G. E. Wachter	1230 Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Eks.

C82336

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82336

CERTIFICATE OF DEATH.

×117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Alley & Dr. ST.; 6a WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ella Sloan

(Residence in Baltimore: No. Alderson W. Va. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 6 (Month) (Day), 1854 (Year)

7-AGE, 60 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓

9-BIRTHPLACE, (State or Country). Miss.

PARENTS.

10-NAME OF FATHER, J. J. Ainsworth

11-BIRTHPLACE OF FATHER (State or Country), Miss.

12-MAIDEN NAME OF MOTHER Jane Estill Margaret Ella

13-BIRTHPLACE OF MOTHER (State or Country), Miss.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos A Sloan

(Address) Huntington W Va

15- JAN 31 1915 Filed....., 191.... BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915 191 .. to Jan 30 191 5; that I saw her alive on Jan 30 191 5; and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Primal Paralysis
Post Operation
Cerebral Hemorrhage
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis
Senile Decay
(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos Neal Jr. M. D.

Jan 31, 1915 (Address) Alderson W Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. 9 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Alderson W Va

19-PLACE OF BURIAL OR REMOVAL, Alderson W Va. DATE OF BURIAL, Jan 31, 1915.

20-UNDERTAKER H. C. Hughes ADDRESS 17 S. Bdway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82337

CERTIFICATE OF DEATH.

9 C82337

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1809 Friendsbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M Franklin

(Residence in Baltimore: No. 1809 Friendsbury St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, August (Month), 7 (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H Franklin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose G Hasson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Franklin

(Address) 1809 Friendsbury St

15- JAN 31 1915 HARRY C. ANDREWS,

Filed....., 191. Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 29th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27th 1915, to Jan 29th 1915, that I saw him alive on January 29th 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion Heart failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Chas W Tuttle M. D.

Jan 30th 1915. (Address) 1100 W Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross — DATE OF BURIAL, Jan 31, 191.5

20-UNDERTAKER, Martin Fahey & Son — ADDRESS 506 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82338

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 C82338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 E. Fayette ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Grace Cohen

(Residence in Baltimore: No. 910 E. Fayette St.: ~~yrs.~~, 4 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 2 ds. If LESS than 1 day, ~~hrs.~~ or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sol Schaller

(Address) 910 E Fayette St

15-

Filed JAN 31 1915, 191.. HARRY O. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1915, to Jan 29th 1915, that I saw her alive on Jan 29th 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Pedema of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) M. B. Lavin M. D.

Jan 30, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 910 E Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER H. Levinson & Bro

ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82339

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82339

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1126 Penna Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariamela Parrier

(Residence in Baltimore: No. 1126 Penna Ave St.: 52 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: August 1, 1862 (Month) (Day) (Year)

7-AGE: 52 yrs. 5 mos. 20 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Parker

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Parker

(Address) 1126 Penna ave

JAN 31 1915 Filed ..., 191

HARRY O. ARENTS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 28th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 25th, 1915, to January 28th 1915, that I saw him alive on January 28th, 1915, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ... yrs. ... mos. 4 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Elbrecht M. D.

January 25th, 1915 (Address) 60 E. N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Jan 31, 1915

20-UNDERTAKER: R. S. Putnam. — ADDRESS: Gilmor Bunn

AA co

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82340

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C82340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Rehling

(Residence in Baltimore: No. 2402 Fleet Street

St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, Aug 21st, 1870
(Month) (Day) (Year)

7-AGE, 44 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Karl Rommaldan

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Rehling

(Address) 2402 Fleet St

15- JAN 31 1915 Filed....., 191... HARRY O. ANDRETS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 6 1915, to Jan 27 1915, that I saw her alive on Jan 27 1915, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

not known.

(Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Post Operation Hemorrhage

(Duration)....yrs.....mos. 14 ds.

(Signed) M. B. Lewis M. D.

Jan. 31 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2402 Fleet St

Former or usual residence 2402 Fleet St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, Jan. 31st, 191.5.

20-UNDERTAKER H. Sander Sons

ADDRESS 1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82341

C82341

CERTIFICATE OF DEATH.

REGISTERED No. C 71

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1607 Lancaster ST.; 2 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Mazan

(Residence in Baltimore: No. 1607 Lancaster St.: yrs. mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single.

6-DATE OF BIRTH, Dec 30, 1914 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mike Mazan

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Kate Kuc

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Michal Mazan
(Address) 1607 Lancaster St.

15-
JAN 31 1915 BOARD OF HEALTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1915, to Jan 30 1915, that I saw h er alive on Jan 30 1915 and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Kipsaret M. D.

(Address) 1208 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER William Fralkowski ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82342

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82342

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 619 Oliver St.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Ellis

(Residence in Baltimore: No. 619 Oliver St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: July 5, 1832 (Month) (Day) (Year)

7-AGE: 82 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Charles Co. Md.

PARENTS

10-NAME OF FATHER: Robothan

11-BIRTHPLACE OF FATHER (State or country): England.

12-MAIDEN NAME OF MOTHER: Goodwin

13-BIRTHPLACE OF MOTHER (State or country): Md. U.S.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Melinda B. Bulmer

(Address) 619 Oliver st.

15 Filed JAN 31 1915 19..

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1915, to Jan 29th 1915, that I saw h[illegible] alive on Jan 28th, 1915, and that death occurred, on the date stated above, at 3.30 P. m.
The CAUSE OF DEATH* was as follows:

Senility

(Duration) don't know yrs. mos. ds

Contributory (SECONDARY) Internal Injuries - Accidental - fell in kitchen

(Duration) — yrs. — mos. 3 ds.

(Signed) H. Schmitz M. D.

Jan 29, 1915 (Address) 1501 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 1, 1915

20-UNDERTAKER: Albert C. Fuller

ADDRESS: 221 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C82343

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 C82343

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Bolton St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Hargrove

(Residence in Baltimore: No. 928 Bolton St.; 2 yrs., mos. ds.)

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept 7, 1842
(Month) (Day) (Year)

7-AGE 44 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Ransom Hargrove

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Celia ——

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Hargrove

(Address) 928 Bolton St.

15- JAN 31 1915 HARRY O. ANDREWS,

Filed ....., 191.. Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Jan 29 1915, that I saw h— alive on Jan 29 1915, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Mt Bright's Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) yrs. mos. ds.

(Signed) Otto Short M. D.

Jan 31, 1915 (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 1, 1915

20-UNDERTAKER Samuel T Kemp — ADDRESS 578 W Baltimore

C82344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

158 C82344

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of S. Wiles ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carlo Marano

(Residence in Baltimore: No. 242 Colvin St. ~~Yrs.~~ 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Not known (Month) ....., 1 (Day) ..... (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). This information was given

(Address) by boarder at 242 Colvin St.

15- JAN 31 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning. Suicidal

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Bowes M. D. (Coroner.)

Jany 29, 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, Jan. 31, 1915

20-UNDERTAKER Tilly & Zeller ADDRESS 40 & 8 Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82345

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Baldwin

(Residence in Baltimore: No. 1609 Bank St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 21st (Month) (Day), 1913 (Year)

7-AGE, 1 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John H. Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Anna McRae.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Baldwin

(Address) 1609 Bank St.

15- JAN 31 1915 HARRY O. ANDREWS, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 29th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1915, to Jan. 29th 1915, that I saw her alive on " " 1915, and that death occurred, on the date stated above, at 11:8 p. m.

The CAUSE OF DEATH* was as follows:

Respiratory Failure

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ..... ds.

(Signed) Jacob L. Kessler M. D.

1-31, 1915. (Address) 30 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feb. 1st, 191.5.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St.

If not properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82346

CERTIFICATE OF DEATH.

40 C82346

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 Rabory ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Johnson

(Residence in Baltimore: No. 649 Rabory St.; 1 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widow

6-DATE OF BIRTH, December 18, 1856 (Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Joseph Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Rachael Ann (unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed JAN 31 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 18 1914, to January 28 1915, that I saw her alive on January 25 1915, and that death occurred, on the date stated above, at 3 52 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

No operation

" postmortem

" microscopic exam

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chester Riland M. D.

Jan. 28, 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mont Auburn — DATE OF BURIAL, Jan. 31, 1915.

20-UNDERTAKER John F. Owens — ADDRESS 1227 Lemmon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82347 C82347

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1022 N. Washington St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schroeder

(Residence in Baltimore: No. 1022 N. Washington St.; 48 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 4 (Day) 1866 (Year)

7-AGE: 48 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cabinet Maker.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Frank Schroeder

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Fullmann

13-BIRTHPLACE OF MOTHER (State or country): Fullmann

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lena Schroeder

(Address) 1022 N Woosh'n St

JAN 31 1915

HARRY O. ANDREWS, Burial Permit Clerk

Filed ..... 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-28-, 1915, to, 1-29 1915, that I saw h[im] alive on 1-29 1915, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 4 yrs — — ds.

(Signed) J E Gallehy M. D.

1-31 1915 [Address] 111 S Bdway.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 1 191 5
20-UNDERTAKER	ADDRESS
Geo M Fiss	811 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82348

C82348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Home for the Aged of the M E Church W 120 REGISTERED NO. C

CITY OF BALTIMORE: (No. SW Cor. Franklin and Fulton St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Lydia T. Watts

(Residence in Baltimore: No. Home for the Aged of the M E Ch St.; 80 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown (Month), (Day), 1 (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Thomas B. Watts.

11-BIRTHPLACE OF FATHER (State or Country) Balto. Co. Md.

12-MAIDEN NAME OF MOTHER Mary A. Young.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss E. R. Meashow
(Address) The Home for the Aged

15- JAN 31 1915 HARRY O. ANDREWS,
Filed ..... 191.. Burial Permit 0191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1914, to Jany 30 (30) 1915, that I saw her alive on Jany 28 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) \ yrs. 3 mos. \ ds.

(Signed) Geo. C. Shannon M. D.

Jany 31., 1915. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. 8 mos. ds. In the State 80 yrs. \ mos. ds.

Where was disease contracted, if not at place of death? Home for the Aged of M E Church

Former or usual residence Home for the Aged of M E Church

19-PLACE OF BURIAL OR REMOVAL, Fellowship DATE OF BURIAL, Feb. 1, 1915

20-UNDERTAKER George J. Smith ADDRESS 8 Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

C82349

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82349

REGISTERED No. C.....

1-PLACE OF DEATH
Colored Aged Mens & Womens Home

CITY OF BALTIMORE: (No. 1622 ~~Druid Hill Ave~~ St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J Wing

(Residence in Baltimore: No. 1622 Druid Hill St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1840 (Year)

7-AGE: 75 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anne Chester

(Address) 1622 Druid Hill Ave

15- JAN 31 1915 Filed ....., 191.... DANIEL O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 23, 1915, to January 29 1915, that I saw h.er alive on January 29 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

2nd attack (Duration) ....yrs. ....mos. 7 ds.

Contributory (SECONDARY)

....(Duration) ....yrs. ....mos. ....ds.

(Signed), Wm. H. Wright M. D.

January 30 1915 [Address] 1209 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. 1 mos. ....ds. In the State 75 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1621 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 31 1915

20-UNDERTAKER: John H. Toadvine — ADDRESS: 142 Justice St.

NOTE—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. DEPARTMENT OF AGRICULTURE

C82350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C82350

REGISTERED No. C

1-PLACE OF DEATH Bartlett Hayward Co.

CITY OF BALTIMORE (No. Scott & McHenry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Dwyer

(Residence in Baltimore: No. Eutaw & Pratt (Hotel Hermans) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 17th, 1857.
(Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Patrick Dwyer

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary A. Heffern

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary E. Campbell

(Address) 34 Scott St

15- JAN 31 1915

Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration)...yrs....mos....dy.

CONTRIBUTORY (Secondary) Brights Disease

(Duration)...yrs....mos....ds.

(Signed) Saml. Wesnstag M. D.
(Coroner.)

Jan 31 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Feb 2nd, 1915
20-UNDERTAKER Robt. Brooks Son & Co.	ADDRESS S. E. Cor. Calhoun & Hollins sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82351

CERTIFICATE OF DEATH.

92 C82351

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 S. Poppleton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Joseph B. Moriarty

(Residence in Baltimore: No.) 20 S. Poppleton St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, ~~Widower~~ (Write the word.)

6-DATE OF BIRTH, Oct (Month) 3 (Day) 1855 (Year)

7-AGE, 59 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, Cornelius Moriarty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine McCarty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. B. Moriarty Jr.

(Address) 20 S. Poppleton st

15- Filed JAN 31 1915 HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1915, to Jan 29 1915, that I saw h-e alive on Jan 29 1915, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ... yrs. ... mos. 1 ds.

(Signed) E. V. Cookelman M. D.

Jan 31, 1915. (Address) 24 W Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Feb 1, 1915

20-UNDERTAKER, George A Farley — ADDRESS, Fulton & Lombard

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82352

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82352

CERTIFICATE OF DEATH.

89

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 539 W Cross St ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Goode

(Residence in Baltimore: No. 539 W Cross St St.; 9 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White Colored	Married

6-DATE OF BIRTH, Feb (Month) 6 (Day), 1851 (Year).

7-AGE,	If LESS than 1 day,
63 yrs. 11 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER, William Goode

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Coutry), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Goode

(Address) 539 W Cross St

15-JAN 31 1915 HARRY O. ..... Burial Permit Clerk.

Filed ....., 19.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Allen Cornell (Coroner.) M. D.

Jan 30, 1915 (Address) 517 Scott S t

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Furnace Branch	Jan. 31., 19 15
20-UNDERTAKER	ADDRESS
Armstrong Demmler Co	715 Light st

Spec.—8-24-14—M. & T.—2000 Eks.

C82353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 C82353

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Harris

(Residence in Baltimore: No. 1221 Mulliken St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH, May (Month) 31 (Day), 1914 (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Augustus Harris

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mammie Reglin

13-BIRTHPLACE OF MOTHER (State or Country). Ill.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp

15-

Filed JAN 31 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915 to Jan 30 1915, that I saw h[illegible] alive on Jan 30 1915, and that death occurred, on the date stated above, at 1:10 p m.

The CAUSE OF DEATH* was as follows:

Hendelson Syphilis

(Duration) From birth ds.

CONTRIBUTORY (Secondary) Tuberculosis under observation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. A. Batten M. D.

Jan 31, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 8 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1221 Mulliken St.

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, Feb 1, 191.5

20-UNDERTAKER Robert A Elliott

ADDRESS 306 Rose Ave

IF DEATH OCCURRED IN PLAIN VIEW, SO that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82354

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C82354

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2502 E Madison St.; 7 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Helene Adams

(Residence in Baltimore: No. 2502 E Madison St.; 4 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: January (Month) 24 (Day), 1837 (Year)

7 AGE: 78 yrs. ~~22~~ mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Long

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Hoffmann

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Adams

(Address) 2502 Madison E.

15 Filed JAN 31 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 28 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1914, to Jan 28 1915, that I saw h~~is~~ alive on Jan 27, 1915, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Asthenia and
General Debility
(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Exhaustion & Coma
(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Alb J Lodge M. D.

1/29, 1915 (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: February 1, 1915

20 UNDERTAKER: Wm J Schaefer & Son — ADDRESS: S. S. Front St.

C82355 HEALTH DEPARTMENT—CITY OF BALTIMORE C82355

CERTIFICATE OF DEATH.

REGISTERED No. C 64

PLACE OF DEATH

CITY OF BALTIMORE (No. 58 W Cross St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Byrne

(Residence in Baltimore: No. 349 Warren Ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 16 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 4 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.J

PARENTS.

10-NAME OF FATHER, John Doyle

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mulvihill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F T Doyle

(Address) 349 Warren Ave

15- Filed JAN 31 1915, 191... ROBERT O. ANDREWS, Vital Statistics Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Edw McCarthy M. D. (Coroner.)

Jan 31, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wilmington Del.	Jan. 31, 1915
20-UNDERTAKER	ADDRESS
John J. Doherty & Son	1318 Light

C82356

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 C82356

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 E. 23rd St. Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha C Yakel

(Residence in Baltimore: No. 527 E 23rd St. St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 15, 1847 (Month) (Day) (Year)

7-AGE: 67 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Gustav Horner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Johnna Stolte

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A Yakel

(Address) 527 E 23rd St

15- JAN 31 1915 Filed, 191 HARRY O. ANDREAS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to Jan 28, 1915, that I saw h-a alive on Jan 29, 1915, and that death occurred, on the date stated above, at 11.05 Pm.

The CAUSE OF DEATH* was as follows:

Fatty degeneration Heart

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) ~~Valvular Heart Disease~~ Rheumatism Articular

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) James D McCarran M. D.

Jan 30, 1915. (Address) 416 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 1, 1915

20-UNDERTAKER: E R Wiedefeld Jr — ADDRESS: Greenmount Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82357

CERTIFICATE OF DEATH

103 C82357

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1308 West ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Colbert

(Residence in Baltimore: No. 1308 West St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 4, 1875 (Month) (Day) (Year)

7-AGE: 39 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New Jersey

PARENTS

10-NAME OF FATHER: William Colbert

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary O'Keefe

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Colbert

(Address) 1308 West St

15.

Filed JAN 31 1915 191 HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 29, 1915, to January 30 1915, that I saw h[illegible] alive on January 30, 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Robinson M. D.

January 31, 1915 (Address) 726 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Texas Balto Co. DATE OF BURIAL: Feb 2, 1915

20-UNDERTAKER: E. A. Riedel Jr. ADDRESS: Greenmount Ave

C82358

HEALTH DEPARTMENT--CITY OF BALTIMORE

gr C82358

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2702 Brunswood St.: 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Martha M Marsden

(Residence in Baltimore: No. 2702 Brunswood St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1825 (Year)

7-AGE: 90 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Joseph Dawes

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Lydia-de Besselieu

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Marsden

(Address) 1727 N Caroy St

15- JAN 31 1915. GARRY C. ANDRESS, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 29th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 .1915. to. Jan 29th .1915. that I saw h[illegible] alive on Jan 28th .1915. and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Infirmities of Age.

(Duration) + yrs. + mos. 19 ds

Contributory (SECONDARY) Enthusiasm

(Duration) yrs. mos. ds.

(Signed) Geo [illegible] M. D.

....., 191 (Address) 110 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 1 .1915

20-UNDERTAKER: Martin Fahey & Sons — ADDRESS: 606 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82359

CERTIFICATE OF DEATH.

28 C82359

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 W. Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Crotty

(Residence in Baltimore: No. 1505 W. Mulberry St.: 48 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~, Married (Write the word.)

6-DATE OF BIRTH, April 3, 1866 (Month) (Day) (Year)

7-AGE 48 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER. James Crotty

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Maria Burns

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Crotty

(Address) 1505 W. Mulberry St

15- Filed FEB 1 1915 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1913, to Jan 31st 1915, that I saw him alive on Jan 30th 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. 4 mos. ds.

(Signed) W. L. Nicholl M. D.

Jan 31, 1915. (Address) 401 N. Fountain Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, Feb 2, 1915

20-UNDERTAKER Jos. L. Hook

ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

Company cannot be held responsible. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82360

CERTIFICATE OF DEATH

139

C82360

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 530 Hanover ST. 22 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Mildred Brown

(Residence in Baltimore: No. 530 Hanover St.: — yrs. 4 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March 20, 1873 (Month) (Day) (Year)

7-AGE 41 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Va.

PARENTS

10-NAME OF FATHER J. J. Washom.

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Sarah Hendricks

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Brown

(Address) 530 Hanover St.

15- FEB 1 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1915, to Jan 22 1915, that I saw her alive on Jan 31, 1915, and that death occurred, on the date stated above, at 9.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism (Sudden)

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Recovering from Confinement & necessitated by retained fragments of miscarriage (2 mos)

(Duration) yrs. mos. ds.

(Signed), C. N. Branch M. D.

Jan 31, 1915. (Address) 128 W Conway St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Persia P.O. Tennessee

DATE OF BURIAL Feb 1, 1915

20-UNDERTAKER Fred Young

ADDRESS 703 Hanover St.

Spec.—5-19-13—M. & T.—500 Bks.

082361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 15 V 082361

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Lowman

(Residence in Baltimore: No. 604 Maryland Ave. Brooklyn, Md. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 30 (Day), 1915 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 2 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Lawrence Lowman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Lowman

(Address) Brooklyn Md

15- Filed FEB 1 1915, 191... ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 191V to Jan 30 191V, that I saw h... alive on Jan 30 191V and that death occurred, on the date stated above, at 11.00 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ....yrs....mos. 2 hrs 15 m.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edward P Smith M. D.

Jan 31, 191V. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence X

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill

DATE OF BURIAL, Feb 1, 1915

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82362

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82362

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N Peter ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Royall (Royall)

(Residence in Baltimore: No. 732 N Peter St.; 3 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Sept (Month) 27 (Day), 1881 (Year)

7-AGE, 33 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): Public Utility

9-BIRTHPLACE, (State or Country), Old City Pa

PARENTS.

10-NAME OF FATHER, James Royall

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Lucy Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Royall

(Address) 732 N Peter St

15- Filed FEB 1 1915. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1914, to Jan 31 1915, that I saw h[illegible] alive on Jan 31 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. Braley Hoey M. D.

Feb 1, 1915. (Address) 729 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cem	Feb 3, 1915
20-UNDERTAKER	ADDRESS
J. S. Sweeden's Son	2078 Pa. Ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82363

64 C82368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S Hazelington ST. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Buyock

(Residence in Baltimore: No. 105 S. Washington Ave. St. 20 yrs, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 27 Jan (Month) (Day), 1855 (Year)

7-AGE, 60 yrs. — mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinetmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christ Buyock

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Ortmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Behnke

(Address) 105 S. Washington

15- FEB 1 1915 ROBERT . KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1915, to Jan. 31 1915; that I saw him alive on Jan 30 1915; and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

a. Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

(Signed) Geo. Heller M. D.

1/31/, 1915. (Address) 1937 Gough

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuels Cemetery — DATE OF BURIAL, Feb. 2.., 1915

20-UNDERTAKER Louis Heemann — ADDRESS 32 N Broadway

important. See instructions on back of certificate. Entire statement of OCCUPATION is very

C82364

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C82364

REGISTERED No. C .....

1-PLACE OF DEATH 518 E. 21st St.

CITY OF BALTIMORE (No. ~~Emily M. Abbott~~ St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily M. Abbott

(Residence in Baltimore: No. 518 E. 21st St.: 77 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ... (Month) January, 1 (Day) ... (Year)

7-AGE: 77 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Daniel Hall

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Susan Fowler

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah A. Hall Daughter

(Address) 518 E. 21st Street

15. Filed FEB 1 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1914, to. January 30th 1915, that I saw h[illegible] alive on January 29th, 1915, and that death occurred, on the date stated above, at 1.10 a m.
The CAUSE OF DEATH* was as follows:

Paralysis

... (Duration) ... yrs. 2 mos. 14 ds

Contributory (SECONDARY) Exhaustion

... (Duration) ... yrs. ... mos. ... ds.

(Signed) C. Hirsch M. D.

January 30th, 1915 (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feby 1st 1915

20-UNDERTAKER: Liston F. Fassett & Co.

ADDRESS: 2620 St. Paul St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82365

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82365

CERTIFICATE OF DEATH

99 Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 717 Sterling St St. 10 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Viva Smith

(Residence in Baltimore: No. 717 Sterling St St.: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Colored	Single

6 DATE OF BIRTH: 1 (Month) 19 (Day), 1915 (Year)

7 AGE: yrs. mos. 12 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (State or country): Richmond Va.

12 MAIDEN NAME OF MOTHER: Blanche Dorsey

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Smith

(Address) 717 Sterling St

FEB 1 1915 Filed, 191

ROBERT , KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 30 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1915, to Jan 30 1915, that I saw h-er alive on Jan 30, 1915, and that death occurred, on the date stated above, at 5.58 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Stomatitis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Starvation

(Duration) yrs. mos. ds.

(Signed), A. F. Houston M. D.

1/30, 1915 (Address) 733 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. In the ts. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Feb 1, 191 5

20 UNDERTAKER: Robert A. Elliott

ADDRESS 506 Rodgers Ave

Spec.—5-19-13—M. & T.—500 Blks.

C82366

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C82366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 626 N. Caroline St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Crentzburg.

(Residence in Baltimore: No. 626 N. Caroline St. St. 66 yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 22nd, 1848.
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 7 da. | If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry Handler
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles H. Crentzburg.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Hoppe.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Crentzburg.

(Address) 626 N. Caroline St.

15-
Filed FEB 1 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1915, to Jan 29 1915, that I saw h[illegible] alive on Jan 29 1915 and that death occurred, on the date stated above, at 5-25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

" Operation

" Pneumonia (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

" (Duration) ...yrs. ...mos. 1 ...ds.

(Signed) W. H. Hammond M. D.

Jan 31, 1915. (Address) 1 E. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	2nd 2nd 1915.
20-UNDERTAKER E. & B. Harle	ADDRESS 115 E. West St.

important. See instructions on back of certificate.

C82367

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82367

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1038 Vine ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Simpkins

(Residence in Baltimore: No. 1038 Vine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Infant

6-DATE OF BIRTH, Nov. (Month) 21st (Day), 1913 (Year)

7-AGE, 1 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward Simpkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mollie Pitchett

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Molbe Pitchett

(Address) 1038 Vine St.

15- Filed FEB 1 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration).....yrs.....mos.....ds.

(Signed) Jos. L. Winters (Coroner.) M. D.

Feb 1st, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Feb 1, 1915
20-UNDERTAKER John F. Cowan	ADDRESS 901 Dolfield St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82368

CERTIFICATE OF DEATH.

45 C82368

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Boyd ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Scullen

(Residence if Baltimore: No. 1009 Boyd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, unknown (Month), (Day), 1 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner)

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, John Scullen

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McGaw

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scullen

(Address) 1009 Boyd St.

15-

FEB 1 1915

Filed ....., 191.....

ROBERT J. KNEUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Jan 30 1915, that I saw h-i- alive on Jan 29 1915, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcenoma of Throat

Microscopic Exam. (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer Carcinoma

(Duration) yrs. mos. ds.

(Signed) E. V. Cooledge M. D.

Jan 30, 1915. (Address) 24 W. Fullon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 2, 191..

20-UNDERTAKER John J. Corman

ADDRESS 901 Dolling Ave

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8:2369 C8:2369

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Wheeler Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmira D. Wheeler

(Residence in Baltimore: No. 28 Wheeler Ave St.; ....yrs., ...mos. ....ds.)

important. See instructions on back of certificate. Every Question must be answered. Last statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 17, 1907
(Month) (Day) (Year)

7-AGE, 7 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm C. Wheeler.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Minnie Priester

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C. Wheeler

(Address) 28 Wheeler Ave

15-

FEB 1 1915 ROBERT KRAUTER, Registrar

Filed....., 191....., Registrar.

2 P. M.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Jan 30 1915, that I saw her alive on Jan. 30 1915, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) ....yrs. mos. 11 ds.

(Signed) E Hillis Hewetson M. D.

Jan 31, 1915 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park. DATE OF BURIAL, Feb. 1, 1915

20-UNDERTAKER Wm Cook. ADDRESS 836 Hollins Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82370

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82370

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH University Hospital · REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezra Norris

(Residence in Baltimore: No. 607 W Dolphin St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 11" (Day), 1847 (Year)

7-AGE, 67 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auctioneer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William Norris.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Eliza Crist.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Norris

(Address) 1401 NC Cullough

15- FEB 1 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1915, to Jan 31 1915, that I saw him alive on 1-31-1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Diffuse Nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Krauseneck M. D.

1-31-, 1915. (Address) Attending Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 67 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ? ?

Former or usual residence 607 Wolphin St.

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Feb 2, 1915.

20-UNDERTAKER Ida Cook ADDRESS 1317 N. Y. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE C82371

CERTIFICATE OF DEATH.

168

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 410 No. Front St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME James W. Anton

(Residence in Baltimore: No. 2708 E. Fairmont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 15, 1856 (Month) (Day) (Year)

7-AGE, 58 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wheelwright
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country) Oldtmoreland Co. Va

PARENTS.

10-NAME OF FATHER, Benj Anton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Patten

(Address) 2708 E fairmont

15- FEB 1 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental - asphyxiation illuminating gas

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. H. Blackamore M. D.
(Coroner.)

Feb. 1, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Kinsale Johnson Va — DATE OF BURIAL, Feb 3 1915

20-UNDERTAKER William Boots — ADDRESS 501 E. Monument

A.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C82372

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 14 S. Regester ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Millie Shartz

(Residence in Baltimore: No. 14 S. Regester St.; yrs., Not Known mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Not Known (Month), 1 (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Henry Morgan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Teresa Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Moore (Sister)

(Address) 14 S. Regester St.

15- Filed FEB 1 1915 ROBERT , KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH January 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.
(Coroner.)

Jan 31; 1915. (Address) 346 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn cem	Feb 1 19 15
20-UNDERTAKER	ADDRESS
H. L. Lord	1405 Sheldon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82373

CERTIFICATE OF DEATH.

89 C82373

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E. Fort ave ST.; 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard J. Luebbuesen

(Residence in Baltimore: No. 1414 E. Fort av St.; .....yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 23 (Day) 1914 (Year)

7-AGE, ...yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Luebbuesen

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Meier

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Meier

(Address) 1414 E. Fort ave

FEB 1 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH must be stated plainly, and as many of the particulars as may be known should be given, as they are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Jan (Day) 30th, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1915, to Jan 30 1915, that I saw h.. alive on Jan 30 1915, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

acute Catarrhal Bronchitis

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Melvin Jones M. D.

Jan 30, 1915 (Address) 413 E. Fort av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. A. A.

DATE OF BURIAL, Jan 31, 1915

20-UNDERTAKER D. F. & M. J. Flynn

ADDRESS 1422 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(82374) 66 (82374)

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Priby ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris J Berry

(Residence in Baltimore: No. 1617 W La Fayette Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, May 18, 1855
(Month) (Day) (Year)

7-AGE, 59 yrs. 8 mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Traveling for Glove mfg. co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James M Berry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laneta Teel

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sidney Co

(Address) 1617 W La Fayette

15- Filed FEB 1 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Jan 29 1915, that I saw h[illegible] alive on Jan 29 1915, and that death occurred on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ... yrs. ... mos. 2 ds.

(Signed) R. L. Cain M. D.

Jan 29, 1915. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Feb 1, 1915

20-UNDERTAKER Wm J Lockwood Son

ADDRESS North Pa

important. See instructions on back of certificate.

Spec.—5-19-11—M. & T.—500 Blks.

C82375

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C82375

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

-CITY OF BALTIMORE: (No. 151 N. Linwood av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Willis

Residence in Baltimore: No. 151 N. Linwood av St.; ...yrs.,... mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. (Month) ..... (Day) 1852 (Year)

7-AGE, 62 yrs. 11 mos. ...ds. If LESS than 1 day. ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Caretaker

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, Leven Lewis

11-BIRTHPLACE OF FATHER (State or Country). U.S.

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Richard

(Address) 151 N. Linwood ave

15-

Filed FEB 1 1915, 19... ROBERT , KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1915, to Jan 30 1915; that I saw h[illegible] alive on Jan 30 1915, and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:

Cachexia

Fever

Duration (Duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. K. Meyer M. D.

Feb 1st, 1915. (Address) 701 N. Elmwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 2, 1915

20-UNDERTAKER John A. Inman ADDRESS Bank & Paca

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82376 C82376

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1327 (St.:) Patterson Park Ave (Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannie McQuay

(Residence in Baltimore: No.) 1327 (St.:) Patterson Park ave

.....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: Feb (Month) 14 (Day), 1874 (Year)

7-AGE: 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Jos O'Bradgeo

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Margt Anderson

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George McQuay

(Address) 1327 Patterson Park Ave

15-

FEB 1 1915 Filed ..... 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1914, to Jan 31 1915, that I saw h[illegible] alive on Jan 30 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) W. S. Gibney M. D.

Feb 1, 1915 (Address) 1327 Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER: E. A. Wedefeldt Jr

ADDRESS: Fremont Ave

important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82377

CERTIFICATE OF DEATH.

C82377

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A Berry.

(Residence in Baltimore: No. 1338 Stockton St.; 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER Geo Berry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Caroline Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E Berry

(Address) 1338 N Stockton

15-

Filed FEB 1 1915, 191.. BARRY O. MOSES, Actual Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/8 1914, to 1/30 1915, that I saw him alive on 1/30 1915, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Contributory Chronic Nephritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 1 ds.

(Signed) B. Lee Rountree M. D.

2/1, 1915. (Address) 1134 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER Edmund L Dyer ADDRESS 1300 Druid Hill Ave

important. See instructions on back of certificate.

C82378

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82378

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1109 N. Gilmor ST.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Virginia Super

(Residence in Baltimore: No. 1109 N. Gilmor St.; 3 yrs. 8 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Oct 2, 1911 (Month) (Day) (Year)

7 AGE 3 yrs. 3 mos. 28 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Alvin Super

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen V. Hurley

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Alvin Super

(Address) 1109 N. Gilmor St.

FEB 1 1915 Filed

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jany (Month) 30th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 12th, 1915, to date of death, 1915; that I saw h[illegible] alive on Jany 30th, 1915, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Death was the result of Pneumonia following + an Empyema

(Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), P. L. Dorris M. D.

Jany 31, 1915 (Address) 824 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Edgar Hill Cem — DATE OF BURIAL 2/2, 1915

20 UNDERTAKER Chas Crowley — ADDRESS 25 N. Fulton Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82379

CERTIFICATE OF DEATH.

30

C82379

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 E Lanvale ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Ellis Weisman

(Residence in Baltimore: No. 2728 E Lanvale St.: 14 yrs., 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 16, 1900
(Month) (Day) (Year)

7-AGE, 14 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Office Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Charles E. Weisman

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Minnie Berger

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Weisman

(Address) 2728 E. Lanvale

15-

Filed FEB 1 1915, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Jan 31 1915, that I saw h[illegible] alive on Jan 31 1915, and that death occurred, on the date stated above, at 11[illegible] a.m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb. 1 1915 (Address) 1301 Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb 6 1915

20-UNDERTAKER William Crook

ADDRESS 507 E North

important. See instructions on back of certificate.

C82380

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

65 C82380

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 W. Fayette ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Parks

(Residence in Baltimore: No. 1922 W. Fayette St.; 45 yrs. 5 mos. ~~30~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug 31 (Month), 1869 (Day) (Year)

7-AGE: 45 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): in Store

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Boyer Parks

11-BIRTHPLACE OF FATHER (State or country): Balto., Md

12-MAIDEN NAME OF MOTHER: Marie Alexandrine

13-BIRTHPLACE OF MOTHER (State or country): France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. P. McDermott

(Address) 1922 W. Fayette

15- FEB 1 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 1 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to, July 1, 1915, that I saw him alive on Jan 31, 1915, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening

..... (Duration) yrs. 1 mos. 15 ds.

Contributory (SECONDARY) Exhaustion

..... (Duration) yrs. ..... mos. 8 ds.

(Signed) Adolph C. Eisenberg M. D.

July 1 1915 [Address] 2201 - Orleans St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Feb 3 1915

20-UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Balto St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82381

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

REGISTERED NO. C 82381

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 E North Ave ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Redman

(Residence in Baltimore: No. 1809 E North Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female 4-COLOR OR RACE White 5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH August (Month) 18 (Day) 1913 (Year)

7-AGE 1 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Esther M. Redman

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sadie M. Brown

13-BIRTHPLACE OF MOTHER (State or country) Easton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Esther M. Redman

(Address) 1809 E North Ave

15- FILED FEB 1 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22, 1915, to Jan 31 1915, that I saw h.. alive on Jan 31 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ..... yrs. ..... mos. 17 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank Fiselow M. D.

Feb 1 1915 [Address] 1926 E Lafayette Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL Feb 3 1915

20-UNDERTAKER William Cook ADDRESS 502 E. North

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82382 — 170 — C82382

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3105 Presbury ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Hurtt

(Residence in Baltimore: No. 3105 Presbury St.: 68 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 16, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Manufacturing
(b) General nature of industry, business, or establishment in which employed (or employer)..... Drug gist

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Hurtt

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rebecca Barkley

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard J Hurtt

(Address) 3105 Presbury St

15- FEB 1 1915 HARRY C. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 21 1914, to Feb 1 1915, that I saw h im alive on Feb 1 1915, and that death occurred, on the date stated above, at 4 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

..... (Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis (Duration) Don't Knows mos. ds.

(Signed) Howard C. Judd M. D.

Feb 1, 1915. (Address) 737 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 5 th, 191..
20-UNDERTAKER	ADDRESS
J Bryan Gore	1723 N Fayette Ave

important. See instructions on back of certificate.

C82383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 175 C82383

Registered No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. LINDEN AVE. & MADISON ST. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME SAMUEL NELSON,

(Residence in Baltimore: No. NON-RESIDENT. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widower,

6-DATE OF BIRTH, ...Unknown...., (Month) / (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
....53.... yrs. ....?.... mos. ....?.... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Teamster, for....
(b) General nature of industry, business, or establishment in which employed (or employer) ....farm wagon,....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Samuel Nelson,

11-BIRTHPLACE OF FATHER (State or Country) Maryland,

12-MAIDEN NAME OF MOTHER Rachel Dorsey,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Melvin Nelson, son,....

(Address) ....Dayton, Maryland,....

15- FEB 1 1915 Filed ....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January.... (Month) ....30th.... (Day), *1915.* (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....inquiry.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said .... (Inquest, autopsy or inquiry.) ....inquiry.... find that said deceased came to ....his.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

....SHOCK AND PROBABLY INTERNAL HAEMORRHAGE CAUSED BY FRACTURED PELVIS AND BOTH THIGH BONES, ACCIDENTALLY RUN OVER A FARM TEAM.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Jan. 31, 1915. (Address) ....1103 Valley st....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 hours. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....Dayton, Howard Co., Maryland....

Former or usual residence ....Dayton, Md....

19-PLACE OF BURIAL OR REMOVAL, Dayton, Howard Co. Md. DATE OF BURIAL, Jan 31 1915

20-UNDERTAKER Easton Sons ADDRESS Ellicott City Howard Co md,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82384

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 C82384

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3165 Leeds St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Genevra Pignett

(Residence in Baltimore: No. 3165 Leeds St.: 15 yrs. 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 23rd, 1899 (Month) (Day) (Year)

7 AGE: 15 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo. Pignett

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Catherine Pignett

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Pignett Jr

(Address) 2132 N Fairmt

15 Filed FEB 1 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 31, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1913, to Jan 31 1915 that I saw her alive on Jan 31, 1915 and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Ant. & Lumbar

(Duration) ..... yrs. 15 mos. ..... ds

Contributory (SECONDARY) Mitral Regurg

Labor (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wm Hurd M. D.

Feb 1, 1915 (Address) 2132 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Feb. 2 1915

20 UNDERTAKER: Charles M. Hill. ADDRESS 3109 Frederick Ave.

Fill out every item of information should be carefully supplied. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82385 HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C82385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 E. Lanvale St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Chalk

(Residence in Baltimore: No. 1404 E Lanvale St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May ?, 1858
(Month) (Day) (Year)

7-AGE, 56. yrs. 8 mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James. Chalk.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah A. Guyton.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel V. Chalk.

(Address) 1404 E Lanvale St

15- Filed FEB 1 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 3rd 1915, to January 30th 1915, that I saw h.. alive on January 30th 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. A. Bode M. D.

Jan. 31, 1915. (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chestnut Grove Balto Co. DATE OF BURIAL, Feb. 5, 191...

20-UNDERTAKER Wm Cook ADDRESS 507 E. N. Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82386

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82386

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1524 Aliceanna St.; 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Miller

Residence in Baltimore: No. 1524 Aliceanna St.; yrs.... mos. ds.)

Important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Mar 27, 1882
(Month) (Day) (Year)

7-AGE, 32 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John Hess

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Miller

(Address) 1524 Aliceanna St.

15- Filed FEB 1 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Jan 31 1915, that I saw h[illegible] alive on Jan 31 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Dr. Edgar Cullen

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) 2 yrs. mos. 2 ds.

(Signed) R. E. Campbell M. D.

Feb 1, 1915. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: 2/2 191.5

20-UNDERTAKER: J. F. McCully — ADDRESS: 39 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82387

CERTIFICATE OF DEATH.

29 C82387

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 n. Bond St. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Gladen

(Residence in Baltimore: No. 629 n. Bond St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown (Month) ....., 1888 (Day) (Year)

7-AGE, 26 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), South. Carolina

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), South. Carolina

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), South. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alcie Summerville

(Address) 629 n. Bond St.

15- Filed FEB 1 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1915, to Jan 30 1915, that I saw h.. alive on Jan 30 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Interstitial of the Lungs

unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fatty and Cardiac Failure

unknown (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Fisher M. D.

Jan. 31., 1915. (Address) 1612 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery, Feb 2, 1915. DATE OF BURIAL,

20-UNDERTAKER Milton Davis ADDRESS 1-9 n. Caroline St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82388

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Bethel st ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank White

(Residence in Baltimore: No. 22 S Bethel st St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1845 (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: day Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), George town. S.C.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Un Know

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma White

(Address) 22 S Bethel St.

15- Filed FEB 1 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to Jan 30 1915, that I saw h[illegible] alive on Jan 30 1915, and that death occurred, on the date stated above, at 8, P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Duration, (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure Toxemia

3 Days (Duration) yrs. mos. 3 ds.

(Signed) J. Lee Fisher M. D.

Jan 30, 1915 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel cemetery	Febuary 2, 1915

20-UNDERTAKER Milton Davis ADDRESS 709 N. Caroline St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82389 C82389

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Cornell ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME Ardenia Rebecca Garrett.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 610 Cornell St. St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 5 (Day) 1891 (Year)

7-AGE, 23 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or ...min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Julia Davis.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) mark Julia Jackson

(Address) 610 Cornell st

15- FEB 2 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30, 1914, to Jan 30 1915, that I saw her alive on Jan 30 - 1915, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Primary. Pulmonary Tuberculosis.
Immediate. Exhaustion.

(Duration) ...yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ... mos. ... ds.

(Signed) H. P. Hynes M. D.

2/1/1915. (Address) 5318 Hauver st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St

DATE OF BURIAL, Feb. 2., 1915.

20-UNDERTAKER J. L. Brown & Son

ADDRESS 108 W. Mosher St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82390

CERTIFICATE OF DEATH.

~~104~~ 105 C82390

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Childs Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bailey

(Residence in Baltimore: No. Nursery & Childs Hospital St.; ....yrs., ...mos., ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 14 (Day), 1914 (Year)

7-AGE, ...yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas McConnel

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nellie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Paul McStraw

(Address) Nursery & Childs Hospital

15- Filed FEB 2 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 1 1915, that I saw him alive on Jan 29 1915, and that death occurred, on the date stated above at 2 a. m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY. Indigestion & Indigestion
(Secondary)

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Edgar F. Fridenwald M. D.

Feb 1, 1915 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 19 ds. In the State yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? C.M. Hospital

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Caramel

DATE OF BURIAL, Feb 5, 1915

20-UNDERTAKER Wm Cook

ADDRESS 502 E. North Ave

Important. See instructions on back of certificate.

C82391 HEALTH DEPARTMENT---CITY OF BALTIMORE C82391

CERTIFICATE OF DEATH

89

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 S Payson ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon Hadaway

(Residence in Baltimore: No. 636 S Payson ave. St., — yrs. 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Jan (Month) 2 (Day), 1915 (Year)

7-AGE — yrs. 1 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Ernest R Hadaway

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Eva M Walter

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E R Hadaway

(Address) 636 S Payson ave

15- Filed FEB 2 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31, 1915, to, Feb 1 1915, that I saw h— alive on Jan 31 1915, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) — yrs. — mos. 3 ds.

Contributory (SECONDARY) Pertussis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jas. E. Imus M. D.

Feb 1, 1915 [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL New Cathedral — DATE OF BURIAL Feb 2nd 1915

20-UNDERTAKER Jas. Bryan & Sons — ADDRESS 1000 S. Paca

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82392

CERTIFICATE OF DEATH.

92

C82392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Division ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Healey Scott.

(Residence in Baltimore: No. 1543 Division St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Mar. 1st, 1870 (Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Scott

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Maggie Murray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Scott

(Address) 1543 Division St

15-Filed FEB 2 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1915, to Jan. 31 1915, that I saw h- alive on Jan 30 1915, and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Jan. 31, 1915 (Address) 1827 Penna. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, 2/2, 1915

20-UNDERTAKER Samuel T. Kemsley — ADDRESS 578 N Bond

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82393

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82393

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 O. Donnell ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Jelenierwski

(Residence in Baltimore: No. 2914 O. Donnell St.; ....yrs., ...mos. ....ds.)

Brown & the Tuberculosis Nurse Visited at Frank Jelenicwski

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...July 30...., 1887.
(Month) (Day) (Year)

7-AGE, ...30.... yrs. ....6.... mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Laborer....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Jelenieuski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Waschnock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. K. Walls

(Address) 2914 O. Donnell St.

15- Filed FEB. 2 1915 191.. ROBERT KRAUTER, Registrar.
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan.... 30, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1915 to Jan 30 1915, that I saw h-- alive on Jan 30 1915, and that death occurred, on the date stated above, at 3 15 P.M.

The CAUSE OF DEATH* was as follows:

....Tuberculosis....

....

....

.... (Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY.... (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Tallon M. D.

Jan 31, 1915 (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Feb 2, 1915.
20-UNDERTAKER	ADDRESS
Libby Zeiler	403 S. Wolfe St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82394 — 92 C82394

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Dorsey

(Residence in Baltimore: No. 1706 W. Lexington St.; ...yrs.,... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1845 (Year)

7-AGE, 69 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Basil E Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna M. Scherfer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Upton H. Dorsey

(Address) 1706 W. Lexington

15- Filed FEB 8 1915, 191... ROBERT, KRAUTER, Burial Permit Clerk. (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1915, to Jan 31 1915, that I saw her alive on Jan 31 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ...yrs. ...mos. 2 ds.

(Signed) H. McTamney M. D.

Feb 1, 1915. (Address) 217 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Md. DATE OF BURIAL, Feby. 3, 1915

20-UNDERTAKER E. W. Mitchell ADDRESS 1208 W. Fayette St.

important. See instructions on back of certificate.

C82395 HEALTH DEPARTMENT—CITY OF BALTIMORE.

167 C82395

REGISTERED No. C

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hosp't. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Robinson

(Residence in Baltimore: No. 2208 Ashton St. 2 yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 20th (Day), 1859 (Year)

7-AGE, 55 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James L. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Francis A. L. Foutz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James H. Robinson
(Address) 2208 Ashton St.

15- Filed FEB 2 1915, 19... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident Burned knee
Septicemia, Burned knee and became infected
(Duration) yrs. 1 mos. 13 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Chas. H. Kemler (Coroner.) M. D.
Jan. 30th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 4 ds. In the State yrs. 6 mos. 10 ds.
Where was disease contracted, if not at place of death? 2208 Ashton St.
Former or usual residence 2208 Ashton St.

19-PLACE OF BURIAL OR REMOVAL, Dove Hill Cemetery DATE OF BURIAL, Feb 2nd, 19...

20-UNDERTAKER F. B. Keplet ADDRESS 2238 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82396

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82396

CERTIFICATE OF DEATH.

X 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Fowler

(Residence ~~in Baltimore~~: No. Aquasco Md. St.: ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write which), Married

6-DATE OF BIRTH, ~~About~~ Apr. 7, 1874
(Month) (Day) (Year)

7-AGE, 40 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, ~~Unk~~? Glascow

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cecelia Pattyman

(Address) 553 Laurens St

15-

Filed FEB 2 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 14 1915, to Feb. 1, 1915, that I saw her alive on Feb. 1, 1915, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Otitis Media
Mastoiditis
about (Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Septic Meningitis

(Duration) yrs. mos. 3 ds.

(Signed) Edward P. Smith M. D.

Feb. 1, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. 40 mos. ds.

Where was disease contracted if not at place of death? Aquasco Md

Former or usual residence Aquasco, Md.

19-PLACE OF BURIAL OR REMOVAL, Md Woodville crem

DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER John H Owens

ADDRESS 1111 Vincent St

Important. See instructions on back of certificate.

C82397

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82397

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 347 S. Calhoun ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac J. Dorzon

(Residence in Baltimore: No. 347 S. Calhoun St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 20th (Month) (Day), 1859 (Year)

7-AGE: 55 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Boilermaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto County Md.

PARENTS

10-NAME OF FATHER: Geo. W. Dorzon

11-BIRTHPLACE OF FATHER (State or country): Balto County Md

12-MAIDEN NAME OF MOTHER: Emley Aylor

13-BIRTHPLACE OF MOTHER (State or country): Balto County Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac J. Dorzon Jr

(Address) 347 Calhoun

15-
ROBERT KRAUTER, FEB 2 1915
Filed ..... Clerk.
Burial Permit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 31 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 4, 1915, to Jany 31 1915, that I saw him alive on January 30 1915, and that death occurred, on the date stated above, at 9.25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Mitral Insufficiency of Heart

(Duration) ..... yrs ..... mos. 27 ds.

(Signed) M. A. O'Neill M. D.

Jany 31, 1915 [Address] 108 N. Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetary

DATE OF BURIAL: Feby 3rd, 1915

20-UNDERTAKER: Knell & Son

ADDRESS: 172 W Pratt

SEE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82398 C82398

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Giddings

(Residence in Baltimore: No. 3640 Railroad ave. St.; ...yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 18, 1883 (Month) (Day) (Year)

7-AGE, 31 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Annarundal Co Md

PARENTS.

10-NAME OF FATHER, Hen Smith

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co Md.

12-MAIDEN NAME OF MOTHER Louisa Simmonds

13-BIRTHPLACE OF MOTHER (State or Country), Laurel Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Gelting

(Address) 3640 Railroad Ave

15-

Filed FEB 2 1915 ..... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1915 to Feb. 1 1915, that I saw her alive on Feb 1 1915, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles E Clark M. D.

Feb 1, 1915 (Address) 1377 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State — yrs. — mos. ds.

Where was disease contracted, if not at place of death? 3640 Railroad ave

Former or usual residence 3640 Railroad Ave.

19-PLACE OF BURIAL OR REMOVAL Laurel Md | DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER H. L. Marshall | ADDRESS 3539 Fallsroad

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82399 × 39 C82399

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Fuller

(Residence in Baltimore: No. Whiteville, Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 5, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Miner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Adam Fulk

11-BIRTHPLACE OF FATHER (State or Country), N. C

12-MAIDEN NAME OF MOTHER Polina Keller

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. B. Burns

(Address) 1 E. Fred

15- Filed FEB 2 1915 ROBERT . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Feb 2 1915, that I saw h[illegible] alive on Feb 2 1915, and that death occurred, on the date stated above, at 7.57 m.

The CAUSE OF DEATH* was as follows:
Pneumonia - lobar
post operational

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY Sarcoma (Op. ill called)
(Secondary)
Supra maxilla - Ethmoid
(Duration) ....yrs. 3 mos. ....ds.

(Signed) C. W. Waldron M. D.

Feb 2, 1915. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Whiteville, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Whiteville N. Ca	Feb 2, 1915
20-UNDERTAKER Albert E Fuller	ADDRESS 221 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C82400

C82400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 15 St.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Hunter

(Residence in Baltimore: No. 3502 Clifton Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Female	White	Single

6-DATE OF BIRTH. Jan. 6 (Month) (Day), 184X (Year)

7-AGE. 71 yrs. 0 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John H. Hunter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen N. Weld

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Hunter

(Address) 1517 Bolton St

15- Filed FEB 2 1915 ROBERT . ERAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31 (Month) (Day), 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13 191 5, to Jan 31 191 5, that I saw her alive on Jan 31 191 5, and that death occurred, on the date stated above, at 5.26 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cecum

(Duration) about 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P Lee M. D.

Jan 31, 191 5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? 3502 Clifton Ave

Former or usual residence 3502 Clifton Ave

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, 2.1.3....., 1915.

20-UNDERTAKER Henry H. Jenkins & Sons Co. 1116 McCulloh & Orchard Sts.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82401

C82401

CERTIFICATE OF DEATH.

183

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Golondo

(Residence in Baltimore: No. 406 S Caroline St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... November (Month) ....., 1 (Day) ..... (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Luis Golondo

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Grados Veginmy

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Golondo

(Address) 406 S. Caroline st.

15-

Filed FEB 2 1915

ROBERT . KRAUTER

Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 30th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from femoral Artery

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) State wound (Homicide)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

Feb 2, 1915. (Address) 420 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Feb. 2, 1915

20-UNDERTAKER Wendell Upper & Son — ADDRESS 378 Ann st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82402 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 C82402

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2206 Penna Av St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah F. Holland

(Residence in Baltimore: No. 2206 Penna ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If single, write the word): Widow

6-DATE OF BIRTH: Unknown, 18..2 (Month) (Day) (Year)

7-AGE: 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Lyddan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos F. Holland
(Address) 2206 Penna Av

15.

Filed FEB 2 1915 ROBERT . KRAUTER, Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1915, to Jan 31 1915
that I saw h.. alive on Jan 31, 1915
and that death occurred on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:

Asphyxia,
Sick about one hour
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. McFarland M. D.
Feb 1, 1915 (Address) 1303 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Feb 3, 1915

20-UNDERTAKER: Wm. H. Foley & Sons — ADDRESS: 1062 Lafayette

Filed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5 19 13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82403

CERTIFICATE OF DEATH.

170 C82403

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~Fannie Kadigan~~ 1037 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Kadigan

(Residence in Baltimore: No. 1037 Hillman St.; 10 yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, January, 1843
(Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Andrew McTaghua

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary O'Day

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Kattagan

(Address) 1032 Hillman St.

15- Filed FEB 2 1915, 191 ROBERT . KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1914, to Feb. 1 1915, that I saw her alive on Feb. 1 1915, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. ds.

(Signed) James M. Reuben M. D.

Feb. 2 1915. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Feb. 4, 1915

20-UNDERTAKER M. Fahey & Sons — ADDRESS 606 Lafayette Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82404 C82404

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Warden ST. 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M. Smith

(Residence in Baltimore: No. 1010 Warden St St.; ....yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sgl

6-DATE OF BIRTH. June (Month) 1 (Day), 1914 (Year)

7-AGE.	If LESS than 1 day,
....yrs. 8 mos. ....ds.	....hrs. or ....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. James A. Smith

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Hannah M. Kelley

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Smith

(Address) 1010 Warden St

15- FEB 2 1915 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Jan 31 1915, that I saw h-er alive on Jan 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Catarrhal Bron

(Duration) ....yrs. ....mos. 12 ds.

(Signed) Joseph T. Hennig M. D.

Feb. 1 1915 (Address) 1624 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Feb 2, 1915
20-UNDERTAKER	ADDRESS
W M Routson	231 W Fayette

Important. See instructions on back of certificate.

C82405

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C82405

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2314 ETTING STREET, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME FRANCIS MILLER,

(Residence in Baltimore: No. 2314 ETTING STREET, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, ... Unknown, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE, ...1....?....yrs....?....mos....?....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown, probably Balto:

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Johnson, foster-mother,

(Address) 2314 Etting street.

15-

Filed....., 191.... GUERT. KRAUTER, Clerk.

FEB 2 1915 Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) ....31st (Day)...., 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Broncho-pneumonia,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration)....yrs....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Jan.31., 191.5 (Address)....1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	FEB 2 - 1915
20-UNDERTAKER Commissioner Health,	ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82406

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 C82406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 14 ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Jones

(Residence in Baltimore: No. 1409 Bruce St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm. H. Jones

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Mary E. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones

(Address) 1409 Bruce St

15- FEB 2 1915 ROBERT ..... Burial Permit Clerk.
Filed ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1915, to Jan. 30 1915, that I saw him alive on Jan 30 1915, and that death occurred, on the date stated above, at 1:10 a m.

The CAUSE OF DEATH* was as follows:

Post Operative Hemmilage

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) Elmer Wareene M. D.

Jan. 30, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1409 Bruce St

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion

DATE OF BURIAL, Feb 2, 1915.

20-UNDERTAKER James H. Deems

ADDRESS 1302 Pine St

Important. See instructions on back of certificate.

OCCUPATION is very

C82407

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82407

CERTIFICATE OF DEATH

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W Mulberry ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Johnson

(Residence in Baltimore: No. 719 W. Mulberry St.; ✓ yrs. ✓ mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 3 (Day) 1916 (Year)

7-AGE: ✓ yrs. ✓ mos. 28 ds. If LESS than 1 day, ... hrs., or ✓ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Isiah Johnson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Bertha Johnson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs L Pitts

(Address) 719 W Mulberry St

15- FEB 2 1915 ROBERT J. ARMISTEAD Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1915, to, Feb 2 1915, that I saw h.. alive on Jan 31 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Marasmus.

..... (Duration) ✓ yrs ✓ mos. ✓ ds.

Contributory (SECONDARY) Malnutrition

..... (Duration) 1 yr ✓ mos. 1 ds.

(Signed) Bernard T Freeah M. D.

Feb 2 1915 [Address] 4 N Carey St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Feb 2 1915

20-UNDERTAKER: Alfred J Freeland

ADDRESS: 1145 W Schroder St

TION is very important. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

S·A·F·E

D A K

Spec.—5-19-15—M. & T.—500 Bks.

C82408

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82408

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N Spring av ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Iola Peace

(Residence in Baltimore: No. 1813 Spring av St.; 2 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan. (Month) 31 (Day), 1911 (Year)

7-AGE, 3 yrs. mos. 1 ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Wm H. Peace

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Iola Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Iola Peace

(Address) 1839 N. Spring Av.

15-

Filed FEB 2 1915, 191 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Feb 1 1915, that I saw her alive on Feb 1 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia and Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 7 ds.

(Signed) Dr. A. Kerrigan M. D.

Feb 2, 1915. (Address) 708 Eutaw av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER George H. Holland ADDRESS 517 Robert A

Important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82409

CERTIFICATE OF DEATH.

104 C82409

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 S. Elwood St. (Od) WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Janczuk

(Residence in Baltimore: No. 1244 S Elwood Ave. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 14 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Janczuk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Foma Homul

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Janczuk

(Address) 1244 S Elwood Ave

15- Filed FEB 2 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to 191.., that I saw her alive on Feb 1 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Colitis

Acute Bronchial Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leo Kaminsky M. D.

2/2, 1915 (Address) 111 S Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
1st Evangelical German	Feb 3, 1915
20-UNDERTAKER	ADDRESS
Stephen J Kalkowski	1027 S Kenwood Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82410 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 C82410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST.; WARD)

2-FULL NAME Elijah Bull

(Residence in Baltimore: No. 661 W Fayette St; — yrs. — mos. — da.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 7, 1849 (Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 7 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James O. Marshall

(Address) 661 W. Fayette St.

15- Filed FEB 2 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1914, to Feb 1 1915; that I saw him alive on Feb 1 1915, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. 1 mos. 1 da.

(Signed) E. F. Voorhees M. D.

Feb 1, 1915. (Address) Md Genl Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 32 mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence 661 W Fayette St.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER Wm Cook. — ADDRESS 502 E North Ave

(2) Important. See instructions on back of certificate.

C82411

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C82411

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2122 Pennsylvania Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles E Ebbutts

(Residence in Baltimore: No. 2122 Pennsylvania Ave St.; ..... yrs. ..... mos. 16 ds)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 15, 1915 (Month) (Day) (Year)

7 AGE: 0 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: Edwin F Ebbutts

11 BIRTHPLACE OF FATHER (State or country): city

12 MAIDEN NAME OF MOTHER: Gertrude Shea

13 BIRTHPLACE OF MOTHER (State or country): city

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin F Ebbutts

(Address) 2122 Pennsa

15 FEB 2 1915 Filed ....., 191.... BARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb, 1, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1915, to Feb 1, 1915, that I saw him alive on Feb 1, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. 1hr

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Irvin Ebaugh M. D.

....., 191.... (Address) 701 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb 4 ....., 1915

20 UNDERTAKER: Geo Weber & Son

ADDRESS: 503 Ed monday ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82412

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

C82412

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 1653 N. MONROE STREET, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLIAM FUCHS,

(Residence in Baltimore: No. 1653 N. MONROE STREET, St. 4 yrs., - mos. - da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower,

6-DATE OF BIRTH, May 28th, 1853.
(Month) (Day) (Year)

7-AGE, 61 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Agent for Life
(b) General nature of industry, business, or establishment in which employed (or employer)..... insurance co.

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Fuchs, son,

(Address) 1649 N. Appleton street.

15- Filed FEB 2 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

MYOCARDITIS,
(SCLEROSIS OF THE CORONARY ARTERIES)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) MARKED ARTERIO-SCLEROSIS,
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frederick Kempel M. D.
(Coroner.)

Jan. 31, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, F. 3, 1915

20-UNDERTAKER Em. Weber & Son — ADDRESS 503 Edmondson ave

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C82413

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C82413

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1618 Druid Hill Ave ST. 14 WARD) 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Brown

(Residence in Baltimore: No. 1618 Druid Hill Ave St.; 21 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January 26, 1865 (Month) (Day) (Year)

7-AGE: 50 yrs. 0 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Eastern Shore Md

PARENTS

10-NAME OF FATHER: John Corbin

11-BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

12-MAIDEN NAME OF MOTHER: Lizzie

13-BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Brown

(Address) 1618 Druid Hill Ave

15. Filed FEB 2 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 1st, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 20th, 1915, to Feb 1st, 1915, that I saw h[er] alive on January 31st, 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

unknown (Duration) yrs. mos. ds

Contributory (SECONDARY) unknown

(Duration) yrs. mos. ds.

(Signed) O W B Cruikshank M. D.

Feby 1st, 1915 (Address) 1269 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Feb 3, 1915

20-UNDERTAKER: Felix B. Pyfe

ADDRESS: 112 E. Mulberry St

Spec.—5-10-13—M. & T.—500 Bks.

C82414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82414

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Fleet St. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Pazourek

(Residence in Baltimore: No. 2502 Fleet St.: 13 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, April (Month) 3 (Day), 1901 (Year)

7-AGE, 13 yrs. 9 mon. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Joseph P. Pazourek

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Anna Slyska

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Pazourek

(Address) 2502 Fleet St

15-
Filed FEB 2 1915, 191.

HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 1915, to Jan 31st 1915, that I saw h[illegible] alive on Jan 31, 1915, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

two weeks (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac failure

or Accidental (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Febr. 1, 1915. (Address) 2502 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER Frary Enoch & Son — ADDRESS 904 Eastlond Ave

important. See instructions on back of certificate. ... of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82415

CERTIFICATE OF DEATH.

92 C82415

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Arlington Ave St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Smith

(Residence in Baltimore: No. 225 N Arlington Ave St.; 45 yrs., 3 mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 29th, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Buckingham Co Va

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucie Rowe

(Address) 225 N. Arlington Ave

15- FEB 2 1915 HARRY O. ANDREWS, Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Feb 1st 1915; that I saw her alive on Feb 1st 1915; and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. R. Faulconer M. D.

Feb 1, 1915. (Address) 117 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dillwyn Va — DATE OF BURIAL, Feb 4, 1915.

20-UNDERTAKER Hilbert Brown — ADDRESS 114 N. Mount St.

Important. See instructions on back of certificate. Cause of death or occupation is very

Spec.—5-19-13—M. & T.—500 Bks.

C82416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82416

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Fremont ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Emanuel Simon

(Residence in Baltimore: No. 1508 N. Fremont Ave St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, ..Dec..(Month) ..24..(Day), 1878.(Year)

7-AGE,	If LESS than 1 day,
36 yrs. 1 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Samuel Simon

11-BIRTHPLACE OF FATHER (State or Country) Howard Co Md

12-MAIDEN NAME OF MOTHER Rachel Green

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. B. Hasbrook M.D.

(Address) 1711 Cornelia Ave

15- Filed FEB 2 1915 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Jan..(Month) ..31st..(Day), 1915.(Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1915, to Jan 31st 1915, that I saw h— alive on Jan 31st 1915 and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) A. B. Hasbrook M. D.

1/31, 191.5 (Address) 1711 N. Cornelia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER Wilbert Brown — ADDRESS 414 N Mount St.

Important. See instructions on back of certificate. Each question must be answered. If OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C82417

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 C82417

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Morgan

(Residence in Baltimore: No. 108 E 20th St St.; —yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ? ? ....., 1839
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
76 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mr Stable

(Address)..... 108 E 20th St

15- FEB 2 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1914 to Feb 2 1915, that I saw him alive on Feb 1 1915, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pernicious
Anaemia
Im Exhaus
(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)
..... (Duration) ...yrs...mos...ds.

(Signed) J. Dana Reichard M. D.
Feb 2, 1915. (Address) Church Home Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	1 mos.	24 ds.	In the State	yrs	mos.	ds.

Where was disease contracted, if not at place of death? Im Exhaus

Former or usual residence 1086 20th St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mt Cem	Feby 4..., 191.5
20-UNDERTAKER	ADDRESS
Stewart & Mowen Co	108 W. North Ave

important. See instructions on back of certificate.

property number. Each statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C82418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82418

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Luzerne Ave ST.; 7 WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Bannon

(Residence in Baltimore: No. 714 N. Luzerne ave St.; 30 yrs., mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 8 (Day) 1885 (Year)

7-AGE, ... 30 yrs. ..... mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Daniel J. Bannon

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Katherine Anderson

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katherine Bannon

(Address) 714 N. Luzerne ave.

15- Filed FEB 2 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1915, to January 30 1915, that I saw h[illegible] alive on January 30 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

..... Broncho pneumonia

.....

.....

..... (Duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Respiratory failure

..... (Duration) .... yrs. .... mos. 1 ds.

(Signed) G. G. Rusk M. D.

Feb. 1, 1915. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb. 2, 1915

20-UNDERTAKER T. W. & J. Flynn

ADDRESS 1422 Light St.

Important. See instructions on back of certificate. ... OCCUPATION is very

C82419

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82419

43

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1926 N. Charles ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Girdwood.

(Residence in Baltimore: No. 1426 N. Charles St. 84 yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word) Married

6-DATE OF BIRTH Dec. 13, 1830 (Month) (Day) (Year)

7-AGE 84 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER John W. Hunt

11-BIRTHPLACE OF FATHER (State or country) England

12-MAIDEN NAME OF MOTHER Margaret Paisley

13-BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Girdwood

(Address) 1926 N Charles St

15- Filed FEB 2 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 1st 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26, 1914, to, Feb 1st 1915, that I saw h.er alive on Feb 1st 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast -
No operation
" Duration 5 yrs. mos. ds.
Contributory (SECONDARY) Pneumonia Old Age
(Duration) yrs. mos. ds.

(Signed) Km J. Watson M. D.

Feb. 2, 1915. [Address] 2128 St Paul St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Feb. 3, 1915

20-UNDERTAKER Geo. J. Smith ADDRESS 1000 W Fayette St

...ate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
...TION is very important. See instructions on back of certificate.

C82420

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 C82420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE (No. MARYLAND GENERAL HOSPITAL, LINDEN AVE.& MADISON ST. St. 20 Ward)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JAMES AMES,

Residence in Baltimore: No. 1907 W. FAIRMOUNT AVE. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, Unknown, (Month) / (Day) / (Year)

7-AGE, 50 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cab-driver,
(b) General nature of industry, business, or establishment in which employed (or employer): Public conveyance,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Michael Ames,

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Ames, wife,

(Address) 1907 W. Fairmount ave.

15- FEB 2 1915 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

FRACTURED SPINE RECEIVED IN FALLING ACROSS AN IRON HAND RAILING AFTER LEAPING FROM HOSPITAL THIRD STORY WINDOW WHILST TEMPORARILY INSANE, ds.

CONTRIBUTORY (Secondary) CHRONIC INTERSTITIAL INSANE. (Duration) (SUICIDE) mos. ds.

(Signed) J. Frederick Neuzel M. D.
(Coroner.)

Feb. 1st, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mariens DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER Dupf Valentine ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82421

CERTIFICATE OF DEATH.

C82421

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Rogers

(Residence in Baltimore: No. 1948 West Lafayette Ave St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nukwood (Month) (Day), 1874 (Year)

7-AGE, 40 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Rogers

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Rogers

(Address) 1948 W Lafayette

15- Filed FEB 2 1915 GARRY O. ANDREWS, Special Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22 1913, to Jan. 31 1915, that I saw him alive on Jan. 31 1915 and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Face Neck & Scalp

Duration 2 yrs. mos. ds.

No Duration

CONTRIBUTORY (Secondary) Pneumonia, Microscopic diagnosis

(Duration) 2 yrs. mos. ds.

(Signed) Edward L. Jones M. D.

Jan 31, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 9 mos. 9 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 1948 W Lafayette Ave

Former or usual residence 1948 W Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem DATE OF BURIAL, Feb 3, 1915.

20-UNDERTAKER J. J. Washington ADDRESS 31 E Fayette

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82422 41 C82422

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 Guilford Ave St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Johanna Theresa Myers

(Residence in Baltimore: No. 2025 guilford ave St.: 66 yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June (Month) 21st (Day) 1848 (Year)

7 AGE: 66 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Cornelius Burke

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Catherine Barrett

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Myers

(Address) 2026 Guilford Ave

15. Filed FEB 2 1915, 191.....

HENRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1915, to Jan 31 1915, that I saw h[er] alive on Jan 31, 1915, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Operation 2 yrs ago (Duration) Unknown yrs. mos. ds

Contributory (SECONDARY) Hypostatic pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) N Morland Owens Jr M. D.

Feb 1, 1915 (Address) 1815 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross. DATE OF BURIAL: Feb 3, 1915

20 UNDERTAKER: E A Niedfeld Jr ADDRESS: Greenmount Ave.

I. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C82423

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Agnes Feinwitz

(Residence in Baltimore: No. 804 N. Lanvale St.; 17 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) ....., 1873 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Zuckotz

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Agnes Balinski

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Feinwitz

(Address) 804 N. Lanvale St.

15- FEB 2 1915 Filed....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Feb 2 1915, that I saw her alive on Feb 2 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Acute diffuse Nephritis

(Duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cystoic Obstruction

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Fred Edwards M. D.

Feb 2, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 17 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Usual Residence

Former or usual residence 804 N Lanvale St

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER John Diblanckas ADDRESS 500 Paca

(over)

Important. See instructions on back of certificate.

...ccurate statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—50¢ Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82424 C82424

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Church Home & Infirmary St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne M. Widersum

(Residence in Baltimore: No. 1509 Rutland Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, August 21, 1867
(Month) (Day) (Year)

7-AGE, 53 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Keller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Greiss

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Widersum

(Address) 1509 Rutland Ave

15- FEB 2 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Oter Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF ~~DEATH~~, February 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1914 to Feb 1 1915, that I saw h er alive on Feb. 1 1915, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Fever (Tabo-Paralysis)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 1 ds.

(Signed) Louis Rachaud M. D.

Feb 1., 1915 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? In Germany

Former or usual residence 1509 Rutland Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feby. 4th, 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

important. See instructions on back of certificate. ...OCCUPATION is very

Spec.—8-24-14—M. & T.—2060 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82425 C82425

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 S. Broadway St.; W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Abt.

(Residence in Baltimore: No. 433 S. Broadway St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 16 (Day), 1852 (Year)

7-AGE, 60 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John H. Abel Sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Abt

(Address) 433 S. Broadway

15-

Filed FEB 2 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11 11 , 1914, to 1 31 1915, that I saw her alive on 1 30 1915, and that death occurred, on the date stated above, at 1 29 m.

The CAUSE OF DEATH* was as follows:

General Edema

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

..... (Duration) 14 yrs. ..... mos. ..... ds.

(Signed) J E Gately M. D.

2 1, 191 5 (Address) 111 E Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dr Lefevre — DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER John Cook — ADDRESS 502 North Av.

Important. See instructions on back of certificate. Each question must be answered. If the exact OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

C82426 HEALTH DEPARTMENT—CITY OF BALTIMORE C82426

CERTIFICATE OF DEATH. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Lemon ST.; 18 WARD) REGISTERED No. C

2-FULL NAME Ross M. Gill (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 923 Lemon St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, June 14, 1864 (Month) (Day) (Year)

7-AGE 60 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Machinist (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, Jabez Gill

11-BIRTHPLACE OF FATHER (State or Country). U.S.

12-MAIDEN NAME OF MOTHER, Sarah Hallowell

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Gill

(Address) Philadelphia

15- FEB 2 1915 Filed..... 191.....

HARRY O. ENGERS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to Feb 2 1915, that I saw h[illegible] alive on Feb 1 1915, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Kyphitis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) E. V. Cronkhite M. D.

Feb 3, 1915. (Address) 24 W Fulton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Philadelphia Pa DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER Robert Burton's Sons ADDRESS 1718 Callowhill St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82427 X 42 C82427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hohenmann Memorial Hospital ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Logue

(Residence in Baltimore: No. Reisterstown ; Md. St.; ..... yrs., 45 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ... Nov ....., 1870
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Grafton Penny

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Jennie Cannell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. I. Logue

(Address) Reisterstown Md.

15- Filed FEB 3 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 25 1915, to February 2 1915, that I saw her alive on February 2nd 1915, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

..... (Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Surgical Shock from Operation

..... (Duration) — yrs. — mos. One ds.

(Signed) Stuart F. Hellman M. D.

Feby 2, 191 5 (Address) 1227 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Reisterstown.

19-PLACE OF BURIAL OR REMOVAL, Reisterstown M.E. Cem. DATE OF BURIAL, Feb. 5, 191 5

20-UNDERTAKER H. M. Bowyman & Sons ADDRESS Reisterstown Md.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C82428

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 C82428

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1007 N. Dallas ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Cohen

(Residence in Baltimore: No. 1007 N Dallas St.; 5 yrs. X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Unknown, 186[illegible]
(Month) (Day) (Year)

7-AGE: 54 yrs. 1 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Morris Wolf

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Hannah Newman

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Cohen

(Address) 1007 N. Dallas St

FEB 3 1915 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February - 2, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 1st, 1915, to February 2 1915, that I saw her alive on February 1, 1915, and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Cardiac Failure
Toxemia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY): Acute Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) William J. Schwartz M. D.

Feb 2, 1915 (Address) 1200 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1007 N Dallas St

Former or usual residence 1007 N Dallas St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rozedale Cemetery

DATE OF BURIAL: Feb 5, 1915

20-UNDERTAKER: I Freeman Bro

ADDRESS 1107 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; WARD)

REGISTERED No. C

2-FULL NAME. Albert L. Barkes

(Residence in Baltimore: No. 411 A Pacific St. Brooklyn ST.; yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 26, 1877. (Month) (Day) (Year)

7-AGE, 37 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm I. Barkes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Ann Jassup

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Barkes

(Address) 411 A Pacific St

15-FEB 3 1915. ROBERT . KRAUTER
Filed 4, 191. Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1915, to Feb 1 1915, that I saw him alive on Feb 1 1915, and that death occurred, on the date stated above, at 3.50 p m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(Duration) yrs. 12 hrs mos. ds.

(Signed) Isadore Zodek M. D.

Feb 2, 1915. (Address) 411 A Pacific St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1411 A Pacific St Brooklyn

19-PLACE OF BURIAL OR REMOVAL. London Park Cemy

DATE OF BURIAL, Feb 3, 191.5

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Broadway

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82430

C82430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... St.; 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Caroline Stern

(Residence in Baltimore: No. Hebrew Hospital Home St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1829 (Year)

7-AGE, 85 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S Stern

(Address) 2331 Mad. Av

15- ROBERT . BRANDENBURG, Burial Permit Clerk

Filed FEB 3 1915 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/13 1914, to 2/2 1915, that I saw her alive on 2/1/1 1915, and that death occurred, on the date stated above, at 2 00 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Autopsy

Microscopic Duration: yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M. B. Lewis M. D.

2/2, 191.4 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death X yrs. 1 mos. 20 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Hebrew Hospital Home

Former or usual residence Hebrew Hospital Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Sinai	Feb 3 1915
20-UNDERTAKER	ADDRESS
Harry Rondheim	1711 Mt Royal

important. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C82431 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C82431

Important. See instructions on back of certificate. Every statement of OCCUPATION is very

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Diseased + Sellman Foundling REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2724 N. Charles ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Preston Wiedenhold

(Residence in Baltimore: No. 2724 N. Charles St St.; ....yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male baby

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 29, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby

9-BIRTHPLACE, (State or Country), Maryland. U.S.A.

PARENTS.

10-NAME OF FATHER, E. H. Wiedenhold

11-BIRTHPLACE OF FATHER (State or Country), Maryland. U.S.A.

12-MAIDEN NAME OF MOTHER, Maybelle Skinner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland USA

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward H. Wiedenhold,

(Address) 3711 Carlton Ave

15- Filed FEB 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2 11: P M., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29th 1915, to Feb. 2 1915, that I saw him alive on Feb 2 noon 1915, and that death occurred, on the date stated above, at 11: P m.

The CAUSE OF DEATH* was as follows:

Duration Fever

(Immature)

(Duration) ....yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Stemetzer M. D.

Feb 2., 1915. (Address) Walbrook Apts. City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. 5 ds.

Where was disease contracted, if not at place of death? Place of birth

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Feb. 5, 1915.

20-UNDERTAKER J. E. Block ADDRESS 1002 N. Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

C82432 HEALTH DEPARTMENT—CITY OF BALTIMORE 71 C82432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 505 S. Dallas ST.: 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Moduszewski

Residence in Baltimore: No. 505 S Dallas St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Wht | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 17 mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Josef Moduszewski

11-BIRTHPLACE OF FATHER (State or Country), Russia, Poland

12-MAIDEN NAME OF MOTHER Mary Milosek

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Josef Moduszewski
(Address) 505 S Dallas St

15-
FEB 3 1915 ROBERT KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 29 1915 to Jan 2 1915, that I saw h[er] alive on Jan 2 1915, and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Influenza Convulsions
(Duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Cardiac Paralysis
(Duration) yrs. mos. 2 ds.
(Signed) W. J. Travers M. D.
1-2 1915. (Address) 200 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL. Feby 3" 1915.
20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82433

C82433

CERTIFICATE OF DEATH.

14

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 9 N Dallas ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Walker

(Residence in Baltimore: No. 9 N. Dallas St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), (Day) 1 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

FEB 3 1915

Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 25, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, 1915, 19

20-UNDERTAKER Bureau of Health. ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82434 C82434

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 726 Eden Court St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Green

(Residence in Baltimore: No. 726 Eden Court St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 3 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 25 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah Mitchell M. D.
(Coroner.)

Jan 25, 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	FEB 2 1915
20-UNDERTAKER	ADDRESS

Commissioner Health

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82435

CERTIFICATE OF DEATH.

28 C82435

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1847 N Spring ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Cavento

(Residence in Baltimore: No. 1847 N Spring St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb 14th, 1875
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-FEB 3 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Tuberculosis (?)

(Duration)....yrs....mos....ds.

(Signed) Elijah S. Russell M. D.
(Coroner.)

Jan 14, 1915. (Address) 42 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, FEB 2 1915, 19....

20-UNDERTAKER, Commissioner of Health. ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82436 C82436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1422 E Monument ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. L. Kemp.

(Residence in Baltimore: No. 1422 E Monument St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed FEB 3 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

Jan 10th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, FEB 9 1915 19....

20-UNDERTAKER Health Commissioner ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

45

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82437

CERTIFICATE OF DEATH.

C82437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hunter

(Residence in Baltimore: No. 727 Aisquith St

St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address)

15- FEB 3 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1914, to Jan 27 1915, that I saw him alive on Jan 27 1915, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Jan 27, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 727 Aisquith St

Former or usual residence 727 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL. FEB 2 1915, 191...

20-UNDERTAKER- Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

C82438

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

C82438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. MARYLAND GENERAL HOSPITAL, LINDEN AVE.& MADISON ST. St.: 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME RICHARD L. RANDDALL,

(Residence in Baltimore: No. 1224 BOLTON ST. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, March (Month) 4th (Day), 1858. (Year)

7-AGE, 56 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk for public
(b) General nature of industry, business, or establishment in which employed (or employer)..... weigher, retired 4 years.

9-BIRTHPLACE, (State or Country), England,

PARENTS.

10-NAME OF FATHER, Henry Randall,

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania,

12-MAIDEN NAME OF MOTHER Sarah Lemmon,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Southgate Lemmon,

(Address) 221 W. Lanvale street.

15-FEB 3 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

URAEMIC COMA,

(Duration)..... yrs..... mos. 2 hrs.

CONTRIBUTORY (Secondary) CHRONIC INTERSTITIAL NEPHRITIS (Duration) Indefinite. yrs. mos. ds.

(Signed) J. Frederick Wenkel M. D.
(Coroner.)

Feb. 2d, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa — DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER Stewart & Mowen — ADDRESS 108 W North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82439

HEALTH DEPARTMENT—CITY OF BALTIMORE 159

C82439

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 2772 W. NORTH AVENUE, ST.: 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME CHARLES W. KLIPPER,

(Residence in Baltimore: No. 2772 W. NORTH AVENUE, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, August (Month) 10th (Day), 1864. (Year)

7-AGE, 50 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)..... Broker.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frederick W. Klipper,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Klipper, jr.

(Address) 1712 E. Lanvale street.

15- FEB 3 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

GUNSHOT WOUND OF HEAD,
SELF-INFLICTED, SUICIDE.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)

Feb. 2d., 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
London Park	Feb 6, 1915

20-UNDERTAKER Stewart & Bowen Co ADDRESS 108 W Northave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C8:2440 HEALTH DEPARTMENT—CITY OF BALTIMORE C8:2440

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Garrison Ave St.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Pearl Whaley

(Residence in Baltimore: No. 2907 Garrison Ave St.; yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Aug (Month) 31 (Day), 1914 (Year)

7-AGE, yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wilson M Whaley

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Pearl Southard

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilson M Whaley

(Address) 2907 Garrison Ave

15-

Filed FEB 3 1915, 191.. ROBERT KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1914, to Feb 1st 1915, that I saw her alive on Feb 1st 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Primary)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1/4 ds.

(Signed) Wm A. Newell M. D.

2-2, 191.5. (Address) 2438 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER W E Kelly & Son

ADDRESS Fremont Ave

important. See instructions on back of certificate.

FILM

Spec.—5-19-13—M. & T.—500 Bks.

C82441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C82441

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 632 Gold ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillis Frisby

(Residence in Baltimore: No. 632 Gold St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1838.
(Month) (Day) (Year)

7-AGE 77 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Berry

(Address) 632 Gold St

15- ROBERT . KRAUTER,
Filed FEB 3 1915, 191.....
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~January~~ February 1 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 1914, to Feb. 1 1915, that I saw h.. alive on Feb 1 1915, and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Dr. Bright's Disease .....

.....

.....

..... (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Supposed attack of Peritonitis

..... (Duration) yrs. 3 mos. ds.

17-(Signed) Carl Short M. D.

Feb 1, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER James F. Dennis — ADDRESS 303 Aisquith

important. See instructions on back of certificate. Entry of CAUSE of DEATH and OCCUPATION is very

E T Y

S • A • E

C82442

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82442

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1413 Penna av St. 14 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John W. Little

(Residence in Baltimore: No. 1413 Penna av St.: 2 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov ..... (Month), ... (Day), 1869 (Year)

7 AGE: 45 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carriage Washer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Little

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Little wife

(Address) 1413 Penna Ave

15 FEB 3 1915 Filed ....., 191... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Feb 2 1915, that I saw him alive on Feb 2, 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (Duration) ... yrs. 1 mos. 7 ds

Contributory (SECONDARY) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) T. E Daugherty M. D.

Feb 3, 1915 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Feb 4, 1915

20 UNDERTAKER: Hanna Bingham — ADDRESS: 1364 Main St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

C82443 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 C82443

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. 20th Street ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Priscilla Spalding

3-Residence in Baltimore: No. 200 E. 20th Street St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct. (Month) ..., 1832. (Day) (Year)

7-AGE,	If LESS than 1 day,
82 yrs. 5 mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry A. Moore

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER C. A. Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. B. D. Spalding

(Address) Aberdeen Md.

15- Filed FEB 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day) ..., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Feb. 2 1915, that I saw h... alive on Feb 2 1915, and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:

Old Age

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm J. Watson M. D.

Feb. 3, 1915. (Address) 2128 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount.	Feby. 4, 1915.
20-UNDERTAKER	ADDRESS
E. M. Mitchell	1201½ Fayette

Important. See instructions on back of certificate. Enter Statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82444

CERTIFICATE OF DEATH.

91 C82444

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 759 W Saratoga (ST.; 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Abramo

(Residence in Baltimore: No. 759 W. Saratoga St.; yrs.. mos. 10 ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1914 (Year)

7-AGE, yrs. 1 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Abramo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Sarah Miele

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Dimaria

(Address) 226 S Howard street

15- FEB 3 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 28 1915, to February 2 1915; that I saw her alive on February 2 1915; and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Youth & general asthenia

(Duration) yrs. mos. da.

(Signed) Myers & Steinberg M. D.

Feby 3., 1915. (Address) 1804 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Starr ent cemetery

DATE OF BURIAL, Feb 3., 1915

20-UNDERTAKER John J Gahegan

ADDRESS 1318 Light st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82445

CERTIFICATE OF DEATH.

19 C82445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. 34th St. ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barnes

(Residence in Baltimore: No. 907 N. 34th St. St.; yrs., mos. ds.)

important. See instructions on back of certificate. Every question must be answered. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
~~3-SEX.~~ Female	White	Widowed

6-DATE OF BIRTH, Oct. (Month) 15 (Day), 1839 (Year)

7-AGE, 75 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Snyder

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nancy Musgrove

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Barnes

(Address) 907 N. 34th St.

15- Filed FEB 3 1915 19 ROBERT , ERAUTES, Burial Permit C48:2 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1914, to Feb. 2nd 1915, that I saw h er alive on Jan. 30th 1915, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis et
Arteriosclerosis.

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) W. P. Smith M. D.

Feb. 2nd, 1915. (Address) 3735 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Marys (Hampden) DATE OF BURIAL, Feb. 4, 1915

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Rd.

Spec.—8-24-14—M. & T.—2000 Blks.

C82446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C82446

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 W. Biddle ST.; 10 WARD)

2-FULL NAME John J. Kirwin

(Residence in Baltimore: No. 323 W Biddle St.; 46 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Oct (Month) 16 (Day), 1849 (Year)

7-AGE, 65 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: City
(b) General nature of industry, business, or establishment in which employed (or employer): Watchman

9-BIRTHPLACE, (State or Country), Ireland -

PARENTS.

10-NAME OF FATHER, John Kirwin

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or Country) Ireland -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John J. Kirwin (Wife)

(Address) 323 W Biddle

15- FEB 3 1915 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 2 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb. 2 1915, that I saw h[illegible] alive on Feb. 1st 1915, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 7 ds.

(Signed) Samuel A. Baer M. D.

Feb 2 -, 1915. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Feb 5, 1915.

20-UNDERTAKER Joel S Cook ADDRESS 1003 W Fayette

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C8247

CERTIFICATE OF DEATH

91

C8247

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Eutaw St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. E. Green

(Residence in Baltimore: No. 926 N. Eutaw St; St.; yrs. 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mal

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 2 (Day), 1913 (Year)

7-AGE: 1 yrs. 8 mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Washington D.C.

PARENTS

10-NAME OF FATHER: John R. Green

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Armenta Willis

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John R Green

(Address) 926 N. Eutaw St

15- Filed FEB 3 1915 HARRY O. ANDREWS, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 30, 1915, to, Feby 2 1915, that I saw him alive on Feby 1 1915, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed), H. L. Pelletcain M. D.

Feby 2 1915 [Address] 3474 Pierpont St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 4 1915

20-UNDERTAKER: Felix B Poje.

ADDRESS: 1120 Mulberry St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82448

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Maldeis ST.: 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Cecilia Herr

(Residence in Baltimore: No. 1035 Maldeis St.: ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Dec 2" (Month) (Day), 1914 (Year)

7-AGE, ...yrs. 2 mos. —ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Herr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md

12-MAIDEN NAME OF MOTHER Alice Eyerly.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Herr.

(Address).....

15- FEB 3 1915 HARRY O. ANDREWS, Filed....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1915, to Feb. 2 1915, that I saw her alive on Feb. 2 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) ....yrs. ....mos. 3 6/7

(Signed) J. M. Dilevett M. D.

February 7 1915. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. Holy Cross Cem. Feb. 4., 1915.

20-UNDERTAKER Philip Seewald & Son ADDRESS 1195 E. Eutaw St.

important. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

C82449 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82449

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3154 Stafford St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E. Weber

(Residence in Baltimore: No. 3154 Stafford St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June 16, 1889 (Month) (Day) (Year)

7-AGE, 25 yrs. 7 mos. 16 ds.

IF LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Employe
(b) General nature of industry, business, or establishment in which employed (or employer): Machine Operator

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Augusto Bokma

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Carolin Cynoski

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bokman

(Address) 3154 Stafford

15- Filed FEB 3 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1915, to Feb 1 1915, that I saw her alive on Jan 31 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Feb 3, 1915. (Address) Dr Lynch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, FEB 4 1915

20-UNDERTAKER Geo. A. Gerber

ADDRESS Balto & Cayson

56

important. See instructions on back of certificate. ... CAUSE OF DEATH ... OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82450

CERTIFICATE OF DEATH.

× 170

C82450

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Murray

(Residence ~~or Baltimore~~: No. La Plata Md. St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Not Known (Month) (Day) 1850 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, A. R. A. Murray

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Adeline Luckett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo Murray

(Address) 1917 W Lombard St

15- FEB 3 1915 Filed....., 191.... Burial Permit Oler

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 16 1914, to Feb. 2 1915, that I saw h— alive on Feb. 2 1915, and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Duration Does not know

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Edward L. Luckett M. D.

Feb. 2, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 17 ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? La Plata Md

Former or usual residence La Plata Md

19-PLACE OF BURIAL OR REMOVAL, La Plata Md

DATE OF BURIAL, FEB 4 1915

20-UNDERTAKER Geo. A. Gerbig

ADDRESS Baltimore

56

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82151

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C82451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infts Asy. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Alexander

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs. 1 mos. 4 ds.)

important. See instructions on back of certificate. Every Effort must be made to have OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 28th (Day), 1914. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....St. Vincents.....

(Address).....1401 Division St.....

15-

Filed FEB 3 1915 191 HARRY O. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1915, to Jan. 31st 1915, that I saw him alive on January 31st 1915, and that death occurred, on the date stated above, at 10.00 a. m.

The CAUSE OF DEATH* was as follows:

.....

Malnutrition & Mal-assimilation

.....

..... (Duration).....yrs. 1 mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs. ....mos.....ds.

(Signed) Leonard M. Clarke M. D.

Feb. 2, 1915. (Address) 525 N. Duke St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State yrs. 1 mos. 4 ds.

Where was disease contracted if not at place of death? St. Vincents Infant Asylum

Former or usual residence St. Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Feb. 4, 1915

20-UNDERTAKER	ADDRESS
J. Fahey & Sons	606 Lafayette

Spec.—5-19-13—M. & T.—500 Bks.

C82452 HEALTH DEPARTMENT—CITY OF BALTIMORE C82452

CERTIFICATE OF DEATH.

REGISTERED No. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Curley ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha C. Schlagenhaf.

(Residence in Baltimore: No. 614. N Curley St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 23 (Day), 1908 (Year)

7-AGE, 7 yrs. mos. 11 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Schlagenhaf

11-BIRTHPLACE OF FATHER (State or Country). Ohio

12-MAIDEN NAME OF MOTHER Edna Kirkpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Kirkpatrick

(Address) 614 N. Curley St.

15-FEB 3 1915 HAROLD A. ROGERS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1915, to Feb 2 1915, that I saw her alive on Feb 2 1915, and that death occurred, on the date stated above, at 12 30 P.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. 1 ds.

(Signed) G. [illegible] M. D.

Feb. 3 1915 (Address) 200 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER Robt Brooks Sons & Co ADDRESS Calhoun & Hollins

1 P.M.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-15-13—M. & T.—500 Bks.

C82453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C82453

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 E Oliver ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Eberenz

(Residence in Baltimore: No. 1001 E Oliver St.; 80 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, July 3, 1832 (Month) (Day) (Year)

7-AGE, 82 yrs. 7 mos. ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Eberenz

(Address) 1001 E Oliver St

15- FEB 3 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 2 1915, that I saw h— alive on Feb 2 1915, and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Coronary gas bloated
No Operation
" Autopsy (Duration) 1 yrs. ... mos. ... ds.
" Microscopic Exam

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. 1 mos. ... ds.

(Signed) J. J. Bernard Wm. M. D.

2-7-, 191 5. (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Feby 6 1915

20-UNDERTAKER Harry W Elder — ADDRESS 1944 W Baltimore

important. See instructions on back of certificate.

C82454

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C82454

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1315 Ashland Av ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine G. Halter

(Residence in Baltimore: No. 1315 Ashland av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: 5 (Month) 27, 1857 (Year) (Day)

7-AGE: 57 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Washington D.C.

PARENTS

10-NAME OF FATHER: Jacob Dietrick

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Kenan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose McGuire

(Address) 1315 Ashland av

15. Filed FEB 4 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1915, to Feb 2nd, 1915, that I saw h.e alive on Feb 1st, 1915, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bright's

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Val. Dis of Heart

(Duration) 5 yrs. mos. ds.

(Signed) Edward Dillon M. D.

Feb 2, 1915. (Address) 24 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Feb 5 1915

20-UNDERTAKER: A. Fink & Sons — ADDRESS: 915 N. Gay St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~082455~~ 64 082455

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Barclay ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily F. G. Thompson

(Residence in Baltimore: No. 2419 Barclay St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 14, 1847 (Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Gibbons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eliza A. Clark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emily Upchurch

(Address) 2419 Barclay

15-FEB 4 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 2nd, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1915, to Feby 2nd 1915, that I saw her alive on Feby 2nd 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Feby 7, 1915. (Address) 17 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb. 5, 1915
20-UNDERTAKER	ADDRESS
Lowe Coal	502 E. Hath an

important. See instructions on back of certificate. ...property entitled. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C82456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 19

C82456

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Rigby

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

(Residence if not in Baltimore: No. Route (Chestertown Md) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1834 (Year)

7-AGE, 80 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Helper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. Gen'l Hospital Records

(Address) Linden Ave

15- FEB 4 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3 (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to Feb 3 1915, that I saw him alive on Feb 3 1915, and that death occurred, on the date stated above, at 12 20 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningeal

(Duration) ? yrs. ? mos. 23 ds.

CONTRIBUTORY (Secondary) Asthma Adhesions of Sensibility. (Duration) ? yrs. ? mos. 23 ds.

(Signed) Solon S. Tomlin M. D.

2/3....., 191.5 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 23 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chestertown, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chestertown, Md.	Feby 4, 1915
20-UNDERTAKER Stewart & Mowen Co.	ADDRESS 108 W North Ave

important. See instructions on back of certificate. ... of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C82457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82457

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Payson St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine McGowan

(Residence in Baltimore: No. 630 S. Payson St.; 12 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) December (Day) 1 (Year)

7-AGE, 30 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Cannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Cosgly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. McGowan

(Address) 630 S. Payson St.

15- Filed FEB 4 1915 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb (Day) 2, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1913, to Feb 2 1915, that I saw h[illegible] alive on Feb 1 1915, and that death occurred, on the date stated above, at 3 3/4 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Larynx

(Duration) ... yrs. 8 mos. ... ds.

(Signed) E. V. Cookelan M. D.

Feb 3, 1915. (Address) 24 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 5, 191[illegible]

20-UNDERTAKER John F. Cowan

ADDRESS 701 Holliday St

important. See instructions on back of certificate. ... property classified. Exact statement of OCCUPATION is very

C82458

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82458

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 31 N. Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Penson

(Residence in Baltimore: No. 31 N. Bruce St.; yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	S

6-DATE OF BIRTH, ... Jan. (Month) 27th (Day), 1914 (Year)

7-AGE, ... yrs. ..... mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER. Edward Penson

11-BIRTHPLACE OF FATHER (State or Country). S.C.

12-MAIDEN NAME OF MOTHER Mary Posey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Penson

(Address) 31 N. Bruce St.

15- Filed FEB 4 1915 191.. ROBERT J. BRADEN, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml. Weinberg M. D. (Coroner)

Feb 2nd, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Feb 4th 19.15
20-UNDERTAKER	ADDRESS
John Howan	901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82459 — 43 — C82459

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 326 N Paca St.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Kaufman

(Residence in Baltimore. No.) 326 N Paca St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 30 (Month) (Day), 1862 (Year)

7-AGE, 52 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Richmond Va

PARENTS.

10-NAME OF FATHER, Moses Kaufman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Flora Kaufman

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Edell

(Address) 326 N Paca

15- FEB 4 1915 Filed ..... 191 .....

ROBERT J. BRAUER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4 (Month) (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1914, to Feb 4 1915, that I saw h er alive on Feb 3 1915, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Operation (Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. 2 ds.

(Signed) Owen B. Freeman M. D.

2-4-, 1915 (Address) 412 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va — DATE OF BURIAL. Feb 4 1915

20-UNDERTAKER J. Ahrens & Co — ADDRESS 1611 Madison

Important. See instructions on back of certificate. Properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82460 **CERTIFICATE OF DEATH.** 15 C82460

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Seholz.

(Residence in Baltimore: No. 721 S. Decker St., St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing

6-DATE OF BIRTH, November 4, 1911.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Seholz

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Sutton

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- FEB 4 1915 ROBERT J. GRANT
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Jan 30 1915, that I saw h[illegible] alive on Jan 30 1915, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alma S. Rothrock M. D.

Jan 31, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 1 ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 721 S. Decker St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, FEB. 3 1915

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

C82461

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82461

CERTIFICATE OF DEATH.

153

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 215 Vincent ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Daniel Johnston

Residence in Baltimore: No. 215 Vincent St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Infant

6-DATE OF BIRTH, Jan 18th, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Will Jones

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mattie Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Johnston

(Address) 215 Vincent St

15- Filed FEB 4 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Saml Kramberg (Coroner) M. D.

Feb 4, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. DATE OF BURIAL. FEB 4 1915, 19....

20-UNDERTAKER COLLEGE OF P. & S. ADDRESS

Commissioner Parks

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82462 — CERTIFICATE OF DEATH — 15 — C82462

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Ellwood ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Ewing

(Residence in Baltimore: No. 630 S. Ellwood ave St.; ..... yrs. ..... mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6-DATE OF BIRTH: Jan. (Month) 21st (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country): 630 S Ellwood ave. Baltimore Md

PARENTS

10-NAME OF FATHER: Frank a Ewing

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Helen Kirby

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother

(Address) 630 S Ellwood ave

15- Filed FEB 4 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) Feb 3rd (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1915, to, Feb 3rd 1915, that I saw him alive on Feb 2nd 1915, and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Haemorrhage from Mouth Nose & umbilicus

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Adam A God M. D.

Feb 3rd 1915 [Address] 3019 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: FEB 4 - 1915 191...

20-UNDERTAKER: Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82463

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C82463

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 3601 CLIFTON AVENUE, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... MAGDALENE RETH,

(Residence in Baltimore: No. 3601 CLIFTON AVENUE, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, October 1st, 1829.
(Month) (Day) (Year)

7-AGE, 85 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Conrad Schleicher,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary A. Reth, daughter,
(Address) 3601 Clifton avenue.

15- ROBERT . KRAUTER,
Filed FEB 4 1915, 19.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

BRONCHO-PNEUMONIA,

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ARTERIO-SCLEROSIS,

(Duration) 3 yrs. mos. ds.

(Signed) J. Frederick Weimpel M. D.
(Coroner.)

Feb. 2, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Feb 4 1915
20-UNDERTAKER H. J. Richter & Sn	ADDRESS Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 C82464

64 C82464

CERTIFICATE OF DEATH.

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 Penna Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Louisa Keen

(Residence in Baltimore: No. 2631 Penna Ave St.; yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very property of the state.

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6—DATE OF BIRTH, July (Month) 26 (Day), 1833 (Year)

7—AGE, 79 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Unknown

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Batchelder

(Address) 2631 Penna Ave

15—

Filed....., 191.... ROBERT ARAUTES, Registrar.

Burial Permit Issued FEB 4 1915

H. Jones.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Feb (Month) 2nd (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to Feb 2nd 1915, that I saw h e alive on Feb 2nd 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 4 years yrs. mos. ds.

(Signed) G Francis Jones M. D.

Feb 4, 1915. (Address) 2802 Barclay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Feb 5, 191...

20—UNDERTAKER, W. J. Tickner & Son | ADDRESS North Ave

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82465

CERTIFICATE OF DEATH.

109 C82465

REGISTERED NO. C

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Aves ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jennie Lubrinsky (Lubrimsky)

(Residence in Baltimore: No. 104 Albemarle Street St.; 30 yrs, mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 36 yrs. mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, I Lubrinsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I Lubrinsky

(Address) 104 Albemarle St.

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed FEB 4 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to 2-4 1915, that I saw h er alive on 2-4 1915, and that death occurred, on the date stated above, at 5:35 4 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. B. Levin M. D.

2-4, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 104 Albemarle St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Feb 4, 1915

20-UNDERTAKER L Levin & Bro

ADDRESS 107 E Baltimore St

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C82466

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 67 C82466

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Maryland Penitentiary ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Brown

(Residence in Baltimore: No. Easton Md. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) – 3 (Day), 1886 (Year)

7-AGE: 28 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stove repairer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Talbot, Co. Md.

PARENTS

10-NAME OF FATHER: Phillip Thomas

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Molly Winchester

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hammond

(Address) Md. Penitentiary

15- FEB 4 1915 Filed, 191 — Burial Permit — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) – 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 21, 1914, to, February 2 1915, that I saw h[illegible] alive on February 1 1915, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Toxemia + Exhaustion

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) General Paralysis of the Insane

(Duration) yrs 2 3 mos. ds.

(Signed) William F. Schwartz M. D.

February 2, 1915 [Address] Md. Penitentiary.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 3 mos 2 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence Easton Md.

19-PLACE OF BURIAL OR REMOVAL: Easton Md — DATE OF BURIAL: Feb 4 1915

20-UNDERTAKER: W. J. Watson. — ADDRESS: Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82467

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1023 N. Ellwood ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Waters

(Residence in Baltimore: No. 1023 N. Ellwood ave St.; yrs., 10 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov (Month) 25 (Day), 1882 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 2 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Wales

PARENTS.

10-NAME OF FATHER, David Waters

11-BIRTHPLACE OF FATHER (State or Country). Wales

12-MAIDEN NAME OF MOTHER Mary Davis

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Howell

(Address) 1023 N. Ellwood ave

15- FILED FEB 4 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) David W. Jones M. D. (Coroner.)

Feb 3, 1915. (Address) D.W. Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Feb. 5, 1915
20-UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 E. Eager St.

Spec.—5-19-13—M. & T.—500 Bks.

C82468

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82468

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Westphall St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen McAdams

(Residence in Baltimore: No. 1720 Westphall St.; yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 6, 1914
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 27 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, James J. McAdams

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER Mary E. Vogel

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Adams

(Address) 1730 Westphal Place

15-

Filed FEB 4 1915, 191

Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1915, to Feb 3 1915, that I saw h[illegible] alive on Feb 3 1915, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) R. E. Campbell M. D.

Feb 3, 1915 (Address) 1646 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Vincents Cemetery — DATE OF BURIAL, Feb 5, 1915

20-UNDERTAKER, W. J. & M. E. Flynn — ADDRESS, 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82469 105 C82469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. Caroline St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Ebner

(Residence in Baltimore: No. 1175 Hanover St.; 8 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)
Nov. 10, 1890

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Bishop

(Address) St. Josephs Hospital

15-

Filed FEB 4 1915 ..... 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1915, to Feb. 3 1915, that I saw her alive on Feb. 3, 1915, and that death occurred, on the date stated above, at 3.45 P.m.

The CAUSE OF DEATH* was as follows:

Perforated duodenal ulcer

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. W. Bishop M. D.

Feb. 3., 1915 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1175 Hanover St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Feb. 5., 1915.

20-UNDERTAKER H. & M. S. Flynn ADDRESS 1422 Light St.

important. See instructions on back of certificate. Each statement of OCCUPATION is very

C82470 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 C82470

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 206 E Montgomery ST. [illegible] WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Basil B. Denton

(Residence in Baltimore: No. 206 E Montgomery St. 19 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH February (Month) 16 (Day), 1848 (Year)

7-AGE 66 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Calvert Co. Md

PARENTS

10-NAME OF FATHER James Denton

11-BIRTHPLACE OF FATHER (State or country) Calvert Co. Md

12-MAIDEN NAME OF MOTHER Rebecca Gray

13-BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brittania R. Denton

(Address) 206 E Montgomery St

15 FEB 4 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 3rd (Month) 7.20 P.M. (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1915, to Feb 3rd 1915.

that I saw him alive on Feb 3rd 1915.

and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

Edema of pharynx

3 days (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb 4th, 1915 (Address) 100 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Chesapeake Beach Calvert Co. Md

DATE OF BURIAL FEB 5 1915

20-UNDERTAKER ARMSTRONG-DENNY CO

ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82471

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82471

CERTIFICATE OF DEATH.

REGISTERED No. C 5-79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Mc Elderry ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcellena Holt

(Residence in Baltimore: No. 1311 Mc Elderry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan (Month) ....., 1837 (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Churchville Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo T. Holt

(Address) 1311 Mc Elderry

15-FEB 4 1915

Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3. (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1915 to Feb 3 1915; that I saw her alive on Feb 3 1915; and that death occurred, on the date stated above, at 9 20 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 2 yrs. ... mos. ... ds.

(Signed) J. E. Rumbaugh M. D.

Feb 3 1915 (Address) 202 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Feby 3 1915.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Please do not write in this space, as what is written may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82472

HEALTH DEPARTMENT—CITY OF BALTIMORE, 1915

CERTIFICATE OF DEATH.

C82472

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Berg Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Concetta Crocetti

(Residence in Baltimore: No. 224 N. Front St. St.; 7 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Costantino DeRosa

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Giuseppina Bautti

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicola Crocetti

(Address) 224 N. Front St.

FEB 4 1915 HARRY O. ANDREAS,

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide. Drowned.
Jumped into Jones Falls at
Baltimore St. Bridge.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Chambers M. D.
(Coroner.)
Feb. 3, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem

DATE OF BURIAL, Feb. 5th, 1915

20-UNDERTAKER Lilly & Zeiler.

ADDRESS 403 S. Wolfe St.

C82473

HEALTH DEPARTMENT--CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

C82473

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2300 Boston ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Miceli

Residence in Baltimore: No. 2300 Boston St.: yrs., mos. 2 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Nov 26, 1914
(Month) (Day) (Year)

7-AGE. yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Miceli

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Defatta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Miceli

(Address) 2547 Fleet St

15-
FEB 4 1915
Filed ....., 191.... Burial Permit Issued
DANIEL C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D.
(Coroner)

Febry 4, 1915 (Address) 2116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Feb. 5, 1915
20-UNDERTAKER Lilly & Feiler.	ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82474 M. & T.—500 Brs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1542 C82474

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; .....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Olivia Gatch

(Residence in Baltimore: No. Raspburg Balto Co Md St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March (Month) 26 (Day), 1870 (Year)

7-AGE, 44 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: John C Evans

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Kate A. Brown

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank R. Gatch

(Address) Raspburg Balto Co Md

15- FEB 4 1915 Filed ....., 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1914, to Feb 3 1915, that I saw h er alive on Feb 3 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus

Operation

(Duration) 2 mo.

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin F. Davis M. D.

Feby 3rd 1915. (Address) 1514 Division st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Raspburg Md.

19-PLACE OF BURIAL OR REMOVAL, Gatches Cemetery Raspburg Md. DATE OF BURIAL, Feby 6th, 1915

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument st

Important. See instructions on back of certificate. Space for Statistical Data, if any, on back of certificate. Exact statement of OCCUPATION is very property classified.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82475

CERTIFICATE OF DEATH.

105 C82475

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Pa. Avenue ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C Smith

Residence in Baltimore: No. 1105 Penna Ave

St.; 63 yrs., 9 mos. 16 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, ... April (Month) 18 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 9 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam Brandes.

11-BIRTHPLACE OF FATHER (State or Country) Wettenberg Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Wettenberg Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward F. Smith

(Address) 1105 Penna Ave

15- Filed FEB 4 1915 HARRY O. ANDREWS, Burial Permit Clerk for Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to Feb 3rd 1915, that I saw h[illegible] alive on February 3rd 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

A. general break down Contributing to death from chronic exhaustion.

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Stomach trouble, Diarrhoea

..... (Duration) 33 yrs. ..... mos. ..... ds.

(Signed) Burwell Fauge M. D.

Feb. 3., 1915. (Address) 716 Dolphin St Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 6., 1915
20-UNDERTAKER Harry W. Ebler	ADDRESS 1904 W. North

Cause of death in print plain, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82476 HEALTH DEPARTMENT--CITY OF BALTIMORE C82476

CERTIFICATE OF DEATH

150

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1026 Hillman St.: 10 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frances Leo Kennedy

(Residence in Baltimore: No. 1026 Hillman St.: ... yrs. ... mos. 1 1/12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 3 (Day), 1915 (Year)

7 AGE: ... yrs. ... mos. 1 1/12 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Kennedy

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary O'Connor

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Thomas Kennedy

(Address) 1026 Hillman St

15 FEB 5 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed ..., 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 4 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1915, to Feb 4 1915, that I saw h[illegible] alive on Feb 4, 1915, and that death occurred, on the date stated above, at 7.30P m.

The CAUSE OF DEATH* was as follows:

Monstrosity
An Entire absence of Cranial Vault

(Duration) ... yrs. ... mos. 1 1/12 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dr Wm. ... M. D.

Feb 4 1915 (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Feb 5, 1915

20 UNDERTAKER: Henry Kraus & Son

ADDRESS: 1301 E. Eager St

O.D.A.K. S.A.F.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82477

CERTIFICATE OF DEATH.

120 C82477

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 W. Hamburg ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John K. Duckett

(Residence in Baltimore: No. 764 W. Hamburg St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 4th, 1837
(Month) (Day) (Year)

7-AGE, 77 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Measurer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert L. Duckett

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary Kohler

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt F Duckett

(Address) 764 W. Hamburg

15- FEB 5 1915 Filed ..., 191... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21 1914, to Feb. 2 1915, that I saw h[illegible] alive on Feb. 2 1915, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Asthenia Senilis

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. G. Tilden M. D.

Feb. 2, 1915 (Address) 625 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Feb. 5th, 1915

20-UNDERTAKER Jas. Pilgrim & Son ADDRESS 1000 E. Pratt

Important. See instructions on back of certificate. Cause of death must be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082478

CERTIFICATE OF DEATH.

28 082478

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 West Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gabriel Moran

(Residence in Baltimore: No. 1524 W. Lexington St.; 65 yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, February 2, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William F. Moran

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Hanna

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. H. Gilman

(Address) 2320 E. Baltimore St.

15- FEB 5 1915 Filed, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 2nd 1914, to February 3 1915, that I saw h[illegible] alive on February 3rd 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration not known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

Cirrosis of Liver (Duration) 2 yrs. mos. ds.

(Signed) Robert J. L. Lamphier M. D.

Feb. 3, 1915. (Address) 1516 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Feb. 5, 1915.

20-UNDERTAKER Jos L Cook

ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

082479 HEALTH DEPARTMENT—CITY OF BALTIMORE 17° 082479

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Altamont Hotel ST.; 11 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice V. Ford

(Residence in Baltimore: No. The Altamont Hotel St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, ... unknown ; 1 .....
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thomas Henry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Mc Elvee

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Henry

(Address) 822 Carrollton Ave

15- FEB 5 1915 ROBERT . KRAETER
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 4th, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 1st 1915, to Feby 4th 1915, that I saw her alive on Feby 3rd 1915, and that death occurred, on the date stated above, at 4 A.m.
The CAUSE OF DEATH* was as follows:

.....
.....
Brights Disease
..... (Duration) 1st yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma & Heart Disease

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) D.A. Baldwin M. D.
Feb 4, 1915. (Address) 210 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feby 5, 191.5

20-UNDERTAKER E. M. Mitchell

ADDRESS 1201 W. Fayette

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82480

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

153 C82480
REGISTERED No. C

CITY OF BALTIMORE (No. 1513. Aliceanna. St. ST. 3 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adrian mejhaszek (MEJHSZEK)

(Residence in Baltimore: No. 1513 Alice Ann St.; yrs. 3, mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	Wht.	Sngl

6 DATE OF BIRTH Oct. (Month) 30 (Day), 1914 (Year)

7 AGE ..... yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

9 BIRTHPLACE (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: John. Majchrzak.

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Katharine Wietzy Lowsk

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John. Majchrzak

(Address) 1513. Aliceanna

15 Filed FEB 5 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 4 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1913, to Feb 1, 1915, that I saw him alive on June 1, 1913, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Lack of care

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Marasmus

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) J. F. Sadler M. D.

Feb 4, 1915 (Address) 2938 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: Feb. 5, 1915

UNDERTAKER: Holbrook Fraczkowski

ADDRESS: 1618 Eastern Ave.

C82481

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82481

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1800 W. Fayette St. 20 WARD)

2 FULL NAME Michael Kirby (Kirby)

(Residence in Baltimore: No. 1800 W. Fayette St. St.; 61 yrs. ..... mos. ..... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 24th (Month) (Day), 184 (Year)

7 AGE: 73 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer): Locomotive B&O RR

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thos Kirby

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Reiley

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Kirby

(Address) 1800 W. Fayette St

15 Filed FEB 5 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 4th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1915, to July 4 1915, that I saw h.. alive on July 2nd, 1915, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy -
+ death in about 3 hours

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Charles O Donnell M. D.

July 5, 1915 (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 8, 1915

20 UNDERTAKER: H & B Cook — ADDRESS: 1003 N Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82482 108 C82482

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Englebeck

(Residence in Baltimore: No. 122 E. Montgomery St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 23 (Day), 1896 (Year)

7-AGE, 18 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Spinner
(b) General nature of industry, business, or establishment in which employed (or employer)..... American Dye Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob J. Engelbach

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Sheehan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob J. Engelbach

(Address) 122 E. Montgomery

15. Filed FEB 5 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1915, to Feb 3 1915, that I saw him alive on Feb 3 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Caucuate Abscess

about 2 weeks (Duration) ....yrs. ....mos. ....ds. but do not know post

CONTRIBUTORY (Secondary) Appendicitis - Gangrenous

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Wm R Dreaght M. D.

2/2..., 191.. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 18 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 122 E. Montgomery

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb 6., 1915

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

Please write in plain letters, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82483

CERTIFICATE OF DEATH.

1915 C82483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 W. Thirty-Seventh St.; ~~13~~ WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Stevens

(Residence in Baltimore: No. 1025 W. 37th St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 1st (Month), 1865 (Year)

7-AGE, 49 yrs. 8 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John B. Cullum

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary A. Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie G. Larson

(Address) Boone, Md.

15- Filed FEB 5 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Feb 3 1915, that I saw h er alive on Feb 3 1915, and that death occurred, on the date stated above, at 10 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry C. Hayes M. D.

Feb 5, 1915 (Address) 364 Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge

DATE OF BURIAL. Feb. 6, 1915

20-UNDERTAKER Horace Burgee & Son

ADDRESS 3631 Falls Rd.

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82484

CERTIFICATE OF DEATH.

1320

C82484

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Griffith

(Residence in Baltimore: No. 1717 Bradford Ave St.; Unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Washington, D. C.

PARENTS.

10-NAME OF FATHER, Richard W. Griffith

11-BIRTHPLACE OF FATHER (State or Country), Frederick, Md.

12-MAIDEN NAME OF MOTHER Mary Ann Knox

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Griffith

(Address) 1717 Bradford Ave

15- FEB 5 1915 ROBERT . ERAUTER, Registrar.
Filed ....., 191.. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1915 to Feb 3 1915, that I saw her alive on Feb 3 1915, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Mitral Stenosis
Mitral Insufficiency (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Davis Redwood M. D.
Feb 3, 1915. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 9 ds. In the State yrs mos. ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, Feb. 6, 1915

20-UNDERTAKER Albert E. Fuller
ADDRESS 221 N Bond

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82485 64 C82485

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Port ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albin W. Thomas

(Residence in Baltimore: No. 612 N. Port St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 22, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchmann
(b) General nature of industry, business, or establisament in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Henrietta Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret A. Thomas

(Address) 612 N. Port st

15- Filed FEB. 5 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1914, to Feb 4 1915, that I saw h.. alive on Feb 3 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Arteriosclerosis (Duration) ....yrs. 4 mos. ....ds.

(Signed) Albin B Lemmon M. D.

Feb 4..., 1915.. (Address) 714 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetary — DATE OF BURIAL, Feb 7..., 1915

20-UNDERTAKER Wm T. Hartley — ADDRESS 2125 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

C82486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82486

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leopold Sacks

(Residence in Baltimore: No. 919 Fawn St

St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October (Month) (Day) 1911 (Year)

7-AGE, yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Meyer Sacks

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Leah Bornstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meyer Sacks

(Address) 919 Fawn St

15- Filed FEB 5 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9th 1915, to Feb. 5th 1915, that I saw him alive on Feb 5th 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 3 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. B. Lewis M. D.

Feb 5th, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 23 ds. In the State yrs. 4 mos. ds.

Where was disease contracted, if not at place of death? 919 Fawn St

Former or usual residence 919 Fawn St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, Feb. 5, 1915

20-UNDERTAKER L. Lemmon Bro

ADDRESS 107 E Balto St

CAUSES OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82487

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C82487

CERTIFICATE OF DEATH.

PLACE OF DEATH ON STREET,

REGISTERED NO. C.....

CITY OF BALTIMORE (No. LAFAYETTE AV. & CALHOUN ST. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME MARTHA JOHNSON HARRIS,

(Residence in Baltimore: No. 1710 DITMAN COURT. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH,

.....Unknown,..... (Month), ... (Day), 1..... (Year)

7-AGE,	If LESS than 1 day,
.....40...yrs.....?...mos.....?....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House servant,....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Granville Harris,.....

(Address).....810 N. Parrish alley.....

15-

Filed FEB 5 1915, 191... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

.....February.....3d....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....her.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
.....PROBABLY.....
.....VALVULAR HEART DISEASE,.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Feb. 5th. 1915 (Address)....1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Feb 6, 1915
20-UNDERTAKER	ADDRESS
Jno F. Case & Son	400 Mosher

C82488

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82488

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1404 Ramsay St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Thater

Residence in Baltimore: No. 1404 Ramsay

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, Feb. (Month) 2d (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
....yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Thater

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Melva Earley

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thater

(Address) 1404 Ramsay

15- Filed FEB 5 1915 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature (Seven Months)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Jamis W. Winters (Coroner) M. D.

Feb. 5th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb 5th, 1915

20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—5-19-13—M. & T.—500 Bks.

C82489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C82489

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 W. Cross (rear) ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fisher

(Residence in Baltimore: No. B 204 W. Cross St.; 2 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) ... (Day) 1882 (Year) (Exact date not known)

7-AGE, 33 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Fisher

11-BIRTHPLACE OF FATHER (State or Country), Eastemphore, Md

12-MAIDEN NAME OF MOTHER Annie Redmond

13-BIRTHPLACE OF MOTHER (State or Country), Snow Hill Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jane Bennett

(Address) 159 W. Henrietta St.

15- Filed FEB 5 1915 ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan'y 6 1915, to Feb. 4 1915, that I saw her alive on Feb 4 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Uremia

Jan'y 30 '15 (Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) ... yrs. 1 mos. 11 ds.

(Signed) J. Guy Bowley M. D.

Feb 4, 1915 (Address) 136 W. Hill St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb 6, 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 6 W Pratt St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

C82490

CERTIFICATE OF DEATH.

C82490

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 538 GREENWILLOW STREET, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME IDA B. BRAXTON,

(Residence in Baltimore: No. 538 GREENWILLOW STREET, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, Uaknown, (Month) (Day) , 1 (Year)

7-AGE, 25 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chambermaid, in
(b) General nature of industry, business, or establishment in which employed (or employer): private homes.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Braxton,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Mary Washington,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Braxton, sister,

(Address) 538 Greenwillow street.

15- Filed FEB 5 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

PULMONARY TUBERCULOSIS,

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) mos. ds.

(Signed) J. Frederick C. Kempel M. D.
(Coroner.)

Feb. 2, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Feb 5 1915
20-UNDERTAKER	ADDRESS
Forest A Elliott	508 Rodgers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82491

CERTIFICATE OF DEATH

113 C82491

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Greenmount Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Muller

(Residence in Baltimore: No. 736 Greenmount Ave St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March 17 (Month), 1855 (Day), (Year)

7-AGE: 59 yrs. 10 mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John McCartney

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget McShane

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Muller

(Address) 736 Greenmount Ave

15- ROBERT . BRAUER, Burial Permit Clerk

Filed FEB 5 1915, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24, 1914, to, Feb 3 1915, that I saw h[illegible] alive on Feb 2 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 3 1915 [Address] 936 S. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Catholic — DATE OF BURIAL: Feby 6 1915

20-UNDERTAKER: H. C. Neufeld — ADDRESS: 914 Grent Ave

I. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82492

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

14 C82492

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1023 Homewood Av ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Agnes Gibson

(Residence in Baltimore: No. 1023 Homewood Av St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 13 (Month) , 1876 (Year)

7 AGE: 38 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Andrew Gibson

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary A Gilhooley

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary A Gibson

(Address): 1023 Homewood Av

15. Filed FEB 5 1915, 191 ROBERT SERAUTER, Burial Permit Issuing Officer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb X (Month) (Day) , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 191X, to Feb X 191X,
that I saw h.. alive on Feb X, 191X,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Uraemia
Convulsion

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), D Rugg M. D.
2-5, 191X (Address) 914 E Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feby 8 191 5

20 UNDERTAKER: H. C. Niedefeld — ADDRESS: 914 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82493

HEALTH DEPARTMENT—CITY OF BALTIMORE 64

C82493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 E Madison ST.: 10 E WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carmina Donatelli

(Residence in Baltimore: No. 1014 E Madison St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, May (Month) 1st (Day), 1833 (Year)

7-AGE, 81 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Felix Sciullo

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Hutchinson

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Donatelli

(Address) 1014 E Madison

15-

Filed FEB 5 1915 ROBERT F. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elias L. Russell M. D. (Coroner.)

Jan. 4th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincent Cemetery

DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER: J Herwig & Co

ADDRESS 2058 Aisquith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82494

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82494

CERTIFICATE OF DEATH

115

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 700 Bruce St. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A Murphy

(Residence in Baltimore: No. 700 Bruce St. St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 18 1852 (Month) (Day) (Year)

7-AGE: 82 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Hostler.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Philip Murphy

11-BIRTHPLACE OF FATHER (State or country): Frederick Co. Md

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Spurling

(Address) 700 Bruce St

15- Filed FEB - 6 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 4 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1915 to, Feb. 4. 1915; that I saw him alive on Feb. 3. 1915; and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) 1 yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Tuberculosis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) M. G. Filsinger M.D. M. D.

Feb 7 1915 [Address] 682 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb. 7 1915

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N. Fremont Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82495 HEALTH DEPARTMENT---CITY OF BALTIMORE 28 C82495

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1325 Harford ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Conrad.

(Residence in Baltimore: No. 1325 Harford ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: dont know, 1 (Month) (Day) (Year)

7-AGE: 52 Years. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Conrad

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: dont Know

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): George. J. Ruth.

(Address): 1735 Harford ave.

15- Filed FEB - 6 1915 191 HENRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1915, to, Feb 3rd 1915, that I saw him alive on Jan 30th 1915, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Previous to 2 weeks (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), Adam A Tod. M. D.

..... 191..... [Address] 3019 Eastern ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Most Holy Redeemer — DATE OF BURIAL: Feb 6th 1915

20-UNDERTAKER: George. J. Ruth. — ADDRESS: 1735 Harford ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82496

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82496

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1001 Low St. 5th WARD) REGISTERED No. C 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Holland

(Residence in Baltimore: No. 1001 Low St. from birth yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) (Day) 1865 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer Water Department
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Holland

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Lyons

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Doody

(Address) 1827 E Pratt St

15- FEB - 6 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Enteritis

(Duration) 6 yrs. mos. ds.

(Signed) W. Oberly Darrage, M. D.
(Coroner.)

Feby 5th, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, 2-6-15

20-UNDERTAKER Chas E. Crouse & Son ADDRESS 118 West Royal Ave

I. C. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

C82497

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C82497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, (No. [illegible] ST.; 17 WARD) REGISTERED No. C

2-FULL NAME Infant of Mary L. & Wm J. Staunton

(Residence in Baltimore: No. 538 E. 23rd St St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Feb. (Month) 3 (Day), 1915 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 22 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Wm. J. Staunton

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mary L. Roche

13-BIRTHPLACE OF MOTHER (State or Country), Iowa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Staunton

(Address) 538 N. 23rd St

15- Filed FEB - 6 1915, 191.. Harry O. Ahlborn, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3 1915, to Feb. 4 1915, that I saw her alive on Feb. 4 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ...yrs...mos. Few hrs. ...ds.

CONTRIBUTORY (Secondary) Pneumatisity

(Duration) ...yrs...mos. 24 hrs. ...ds.

(Signed) Jas. Spaeth M. D.

Feb. 4, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos 24 hrs. ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 538 E. 23rd St.

19-PLACE OF BURIAL OR REMOVAL, St. Peters

DATE OF BURIAL, Feb. 6, 1915

20-UNDERTAKER M. Leary Jones

ADDRESS 833 Linden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82498

HEALTH DEPARTMENT--CITY OF BALTIMORE

56 C82498

CERTIFICATE OF DEATH

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1443 Boyle St. St.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Hutson.

(Residence in Baltimore: No. 1443 Boyle St. St.; Life yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: May (Month) 11 (Day), 1872 (Year)

7-AGE: 42 yrs. 8 mos. 24 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Iron worker in
(b) General nature of industry, business, or establishment in which employed (or employer): ship yard.

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Paul Hutson

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Eliz. E. Russell.

13-BIRTHPLACE OF MOTHER (State or country): Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza E. Hutson (Mother)

(Address) 1443 Boyle St.

FEB - 6 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1915, to, Feb. 4 1915, that I saw h— alive on Feb 4, 1915, and that death occurred, on the date stated above, at 8.55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion.

(Duration) ..... yrs. ..... mos. 1½ ds

Contributory (SECONDARY) Alcoholic Excesses

(Duration) ..... yrs. Don't Know mos. ds.

(Signed) Wm. T. Seabury M. D.

Feb. 4, 1915 (Address) 621 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS or INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park.	Feb. 7. 1915.
20-UNDERTAKER: Edw. L. Fanning.	ADDRESS: 1460 Battery Av.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82499 PLACE OF DEATH

CERTIFICATE OF DEATH

67 C82499 REGISTERED No. C.....

CITY OF BALTIMORE (No. 1215 N. Bradford ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles O. Esby

(Residence in Baltimore: No. 1215 N. Bradford St.; — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 7th, 1851 (Month) (Day) (Year)

7-AGE: 64 yrs. ..... mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Robert Esby

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Francis Howard

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Esby.

(Address) 1215 Bradford st

15. Filed FEB - 6 1915 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 3rd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1915 to Feb 3rd 1915 that I saw him alive on Feb 2nd, 1915 and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Paresis

..... (Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen G. Ringgold M. D.

2/5/, 1915 (Address) 1503 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Feb 6, 1915

20-UNDERTAKER: Wm Cook ADDRESS: 500 E. North Ave

C82500

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C82500

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 833 W. Cross St.: 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Mc Call

(Residence in Baltimore: No. 833 W. Cross St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec. (Month) 8th (Day), 1872 (Year)

7-AGE, 42 yrs. 1 mon. 28 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, James A. Mc Call
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Emily J. Collins
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Louisa Varga
(Address) 833 W. Cross St.

15- Filed FEB - 6 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary) Hemorrhage (Duration) ....yrs....mos....ds.

(Signed) Fam. Winberg M. D. (Coroner)
Feb. 4th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, ..., 1915
20-UNDERTAKER Wm Cook ADDRESS 1078 N. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1915 C82501

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 1 WARD)
REGISTERED No. C.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H Kinsey

(Residence in Baltimore: No. ~~unknown~~ Woods Mill Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 19 (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. mos. 16 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Kinsey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bettie D. Kinsey
(Address) 2009 Eutaw Place

15- FEB - 6 1915
Filed....., 191.... HARRY O. ANDREWS, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock and compression of the brain, the result of accidentally being struck by a moving car of the U.R. & E. Co. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Moses McSavage (Coroner.) M. D.
Feb'y 4, 191.5 (Address) 1729 N. Addison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. 7 mos. 1 ds.
Where was disease contracted, if not at place of death? Reisterstown Road & place of accident
Former or usual residence Woods Mill Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woods Mill carried to	2/6, 1915

20-UNDERTAKER Wm Cook ADDRESS 1317 E. Mad Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82502

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 C82502

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Griffin

(Residence in Baltimore: No. 1103 Carroll St.: 61 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, Feb 28, 1853 (Month) (Day) (Year)

7-AGE: 61 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Chas F Griffin

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Richards

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin J Griffin

(Address) 1103 Conrad St

15- FEB - 6 1915 HARRY O. ANDREWS, Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1914, to Feb 5 1915, that I saw h[illegible] alive on Feb 4 1915, and that death occurred, on the date stated above, at 12 50 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

Operation (Microscopic Exam.

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate

(Duration) 2 yrs. ....mos. ....ds.

(Signed) John G Schwagsbery M. D.

Feb 7, 1915 (Address) 1120 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 7, 1915

20-UNDERTAKER William Boos — ADDRESS 1216 N. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82503

C82503

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 W. Cross ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Dorr

(Residence in Baltimore: No. 1013 W. Cross St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March 23, 1883 (Month) (Day) (Year)

7-AGE. 31 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Richard

11-BIRTHPLACE OF FATHER (State or Country). Germ.

12-MAIDEN NAME OF MOTHER. Barbara Mehlmann

13-BIRTHPLACE OF MOTHER (State or Country). Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Dorr

(Address) 1013 W. Cross St

15- Filed FEB - 6 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 3., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1912, to Febry 3 1915, that I saw h[im] alive on Dec 2 1914, and that death occurred, on the date stated above, at 3 p. m.
The CAUSE OF DEATH* was as follows: (See note on back.)

Tuberculosis of Hip.

4 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis.

1 (Duration) ....yrs. 7 mos. ....ds.

(Signed) Geo. A. Shamer M. D.

Febry 3, 1915. (Address) 700 Fruitvale Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

Accepted A. L. Wenning Coroner B.C.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL, 2-6..., 1915.

20-UNDERTAKER W. M. Cook

ADDRESS 507 E. Northam

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82504

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82504

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2212 Boyer ST.: 2nd WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Mary Frances Lambert

(Residence in Baltimore: No. 2212 Boyer St Ward ST.: 55 yrs. ... mos. ... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH February 17, 1859 (Month) (Day) (Year)

7-AGE 55 yrs. 11 mos. 17 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Tent Maker

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Conrad Lambert

11-BIRTHPLACE OF FATHER (State or country): Fritzlar Hessen Germany

12-MAIDEN NAME OF MOTHER: Mary Elizabeth Bourtel

13-BIRTHPLACE OF MOTHER (State or country): Hanover Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Elizabeth Lambert

(Address) 2212 Boyer St

FEB - 6 1915

Filed ..., 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 4th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 1, 1915 to February 4 1915, that I saw h[illegible] alive on Feb 3, 1915, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Alfred A Bendick M. D.

Feb 4, 1915 (Address) 8 E Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Holy Cross

DATE OF BURIAL: Feb 8 1915

20-UNDERTAKER: John J Cowan Sec.

ADDRESS: 907 Hollins St

C82505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C82505

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 336 S. Poppleton ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Clark

(Residence in Baltimore: No. 836 S. Poppleton St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH. Jan. (Month) 31st (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
.....yrs. .....mos. 5 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Michael Clark

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Lida Green

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Clark

(Address) 336 S. Poppleton St.

15- FEB - 6 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clark.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Icterus

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Sam Wruntery (Coroner.) M. D.

Feb 5th, 1915 (Address) 2302 Maidson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem,	Feb 6, 1915

20-UNDERTAKER	ADDRESS
John F. Fields	1200 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82506

CERTIFICATE OF DEATH.

151 C82506

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Limmtaum

(Residence in Baltimore: No. 1523 Myrtle Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, Feb. (Month) 4 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or 57 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland (City)

PARENTS.

10-NAME OF FATHER, Edward L. Limmbaum

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Bessie Hertig

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L. Limmbaum

(Address) 1523 Myrtle Ave

15- FEB - 6 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1915, to Feb. 5 1915, that I saw h.im alive on Feb. 4 1915, and that death occurred, on the date stated above, at 3.30 A.m.

The CAUSE OF DEATH* was as follows:

..... Prematurity .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. Spence M. D.

Feb. 5, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. 3 hrs. or ... min. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1523 Myrtle Ave.

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Feb. 6, 1915

20-UNDERTAKER John E. Hough Co. ADDRESS 1422 Penna.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82507 C82507

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Fulton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A. Bauer

(Residence in Baltimore: No. 1637 N. Fulton Ave. St.; 54 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July 24th, 1860 (Month) (Day) (Year)

7-AGE: 70 yrs. 6 mos. 11 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustus Bauer

(Address) 1637 N. Fulton Ave

15- FEB - 6 1915 Filed....., 191.... MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2" 1915, to Feb 5" 1915, that I saw her alive on Feb. 4" 1915, and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. F. Robinson M. D.

Feb. 5th, 1915 (Address) 141 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 7..., 1915

20-UNDERTAKER Mr. & Mrs. John H. Deufel — ADDRESS 801 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C82508

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Phelps

(Residence in Baltimore: No. 723 W. Lexington St. St.: 18 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

6-DATE OF BIRTH: Aug ? ....., 1857 (Month) (Day) (Year)

7-AGE: 57 yrs. 6 mos. ✓ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanist
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): N.Y.

PARENTS.

10-NAME OF FATHER: Edwin Phelps

11-BIRTHPLACE OF FATHER (State or Country): N.Y.

12-MAIDEN NAME OF MOTHER: Amanda Hood

13-BIRTHPLACE OF MOTHER (State or Country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) .....

15- FEB - 6 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1915, to Feb. 5 1915, that I saw h[illegible] alive on Feb. 5 1915, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Sewall M. D.

Feb. 5, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 18 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 723 W Lexington St

Former or usual residence 723 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, Camden New York

DATE OF BURIAL, Feb. 6., 1915.

20-UNDERTAKER Armstrong & Conn Co

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82509

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82509

CERTIFICATE OF DEATH.

29

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 200 Harrison St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Wm. J. Eaton

2-(Residence in Baltimore: No. 200 Harrison St.; yrs. 27 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, December 3rd, 1868. (Month) (Day) (Year)

7-AGE, 46 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Slag roofer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edm. Pendy Eaton

11-BIRTHPLACE OF FATHER (State or Country), Washington, DC

12-MAIDEN NAME OF MOTHER, Georgiana Swann

13-~~BIRTHPLACE~~ OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Ferguson

(Address) 3 N Eden St.

15- FEB - 6 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Savage M. D. (Coroner.)

Feby 5th 1915 (Address) 1719 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Ft. Lincoln Cem. DATE OF BURIAL: 2/7, 1915

20-UNDERTAKER: Chas. F. Evans & Son ADDRESS: 118 W. Mt. Royal Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082510

CERTIFICATE OF DEATH.

167 082510

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST.: 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Dawskins

(Residence in Baltimore: No. 600 N Spring St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Child

6-DATE OF BIRTH, Nov. (Month) (Day) 1912 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 3 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Dawskins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Dockins

(Address) 600 N. Spring St

FEB - 6 1915

Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of 2nd degree over 1/3 of body (Accident)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Playing with fire

(Duration).....yrs.....mos.....ds.

(Signed) Elijah F. Russell M. D.
(Coroner.)

Feb 5th, 1915 (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 4 hours yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Feb 6th, 1915

20-UNDERTAKER ADDRESS

Wm J G Jeckel 1709 Mullikin St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082511

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 082511

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Homewood Apts ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Wood Kelley Jr

(Residence in Baltimore: No. 1m Homewood. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH February 8, 1913
(Month) (Day) (Year)

7-AGE 1 yrs. 11 mos. 28 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER C Wood Kelley

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Grace Woolford

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles W. Kelley

(Address) Homewood Apts

15. FEB - 6 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 5, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1914, to, Feb 5 1915, that I saw h[illegible] alive on Feb 4 1915, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Rubrait M. D.

Feb 6, 1915 (Address) 11 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Feb 7, 1915
20-UNDERTAKER	ADDRESS
Stewart & Brown	109 N. Mad Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82512

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82512

CERTIFICATE OF DEATH

78

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 924 E. Madison St. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William A. Weeks.

(Residence in Baltimore: No. 924 E. Madison St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR ~~OR RACE~~: Colored

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Aug 15th (Month) (Day), 1867 (Year)

7 AGE: 47 yrs. 5 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Andrew Weeks.

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Does not Know

13 BIRTHPLACE OF MOTHER (State or country): Can not Know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Weeks

(Address) 924 E. Madison St.

15 Filed FEB - 6 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 3 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1915, to Feb 3 1915, that I saw h.. alive on Feb. 3, 1915, and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Phthisis Pulmonalis.

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed), C. E. Purnell M.D., M. D.

....., 191.. (Address) 802 August Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cosbury Conn

DATE OF BURIAL: Feby 6th, 191 5

20 UNDERTAKER: H. W. Jenkins & Sons

ADDRESS: Mc Culloh & Orchard

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82513

7/5 C82513

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2412 Mt Holly St., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant son of Mr. & Mrs. F. L. Lloyd

Residence in Baltimore: No. 2412 Mt Holly St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W Sister

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feby 5, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md. - (B City)

PARENTS

10 NAME OF FATHER: Frank E. Lloyd.

11 BIRTHPLACE OF FATHER (State or country): N. Y. Pa

12 MAIDEN NAME OF MOTHER: Richa E Brueck

13 BIRTHPLACE OF MOTHER (State or country): N. Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F L Lloyd
(Address) 2412 Mt Holly St

15 Filed FEB - 6 1915, 191 ROBERT, KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from On - Feby 5, 1915, to, 5.30 A M & 1.30 PM 191 ; that I saw h alive on Feby 5, 1915, and that death occurred, on the date stated above. at 1.30 P. m.
The CAUSE OF DEATH* was as follows:

Premature birth. 7 M. - Caused by Hydramnios. - Birth Wt. - 2½ lbs

(Duration) — yrs. mos. 1 ds

Contributory (SECONDARY) General lack of vitality

(Duration) — yrs. — mos. 1 ds.

(Signed) J Wesley Cole M. D.

Feb 5, 1915 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb 6, 1915

20 UNDERTAKER: W J Fielhauer & Son — ADDRESS: Penna + Vath

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82514 91 C82514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1102 Pennsylvania ave. ST.: 17 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Jones,

(Residence in Baltimore: No. 1102 Pennsylvania ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, September (Month) 30th (Day), 1914. (Year)

7-AGE, 0 yrs. 4 mos. 4 dy.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Lawrence Jones,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Ella Whitington,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones, mother,

(Address) 1702 Pennsylvania ave.

15- Filed FEB - 6 1915, 191 ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D.
(Coroner.)

Feb. 3d., 1915 (Address) 1103 Valley st.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb. 6, 1915

20-UNDERTAKER James F. Dennis — ADDRESS 1313 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8255 HEALTH DEPARTMENT—CITY OF BALTIMORE 174 C8255

CERTIFICATE OF DEATH.

PLACE OF DEATH
CITY OF BALTIMORE (No. MARYLAND GENERAL HOSPITAL, LINDEN AVE.& MADISON ST. St.: 18 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME CHARLES RICHWEIN,

(Residence in Baltimore: No. 30 S. ARLINGTON AVE. St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, December 17th, 1850.
(Month) (Day) (Year)

7-AGE, 64 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Elevator
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry Richwein,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothea Richwein, wife,

(Address) 30 S. Arlington avenue.

15-
Filed FEB - 6 1915 ROBERT KRAUTH, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

SHOCK AND PROBABLE INTERNAL HAEMORRHAGES DUE TO A FRACTURE OF THE PELVIS AND RIGHT LEG CAUSED BY ELEVATOR FALLING WITH HIM. ACCIDENT (Duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Heintzel (Coroner.) M. D.

Feb. 5th, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Linden Park Cem. DATE OF BURIAL, Feb 7, 1915

20-UNDERTAKER Jos Joerdens, Son ADDRESS 217 S. Pac

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C825 64 — Registered No. C825 16

1 PLACE OF DEATH

City of Baltimore (No. 842 Sharp St. 27 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minta Brown

(Residence in Baltimore: No. 842 Sharp St. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month), (Day), 1847 (Year)

7 AGE: 68 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: — Sacks

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel White

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Watts
(Address) 842 Sharp St

15 Filed FEB - 6 1915 491 ROBERT F. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1915, to. Feb 3 1915, that I saw h— alive on Feb 3, 1915, and that death occurred, on the date stated above, at 9.15 m.

The CAUSE OF DEATH* was as follows: Paralysis (Cerebral Hemorrhage)

(Duration) ... yrs. ... mos. 9 ds

Contributory (SECONDARY): Heart Failure

(Duration) ... yrs. ... mos. 9 ds.

(Signed) C. H. Fowler M. D.

Feb 4, 1915 (Address) 712 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Station Cal. Co. Md — DATE OF BURIAL: Feb 6, 1915

20 UNDERTAKER: John H. Toadvine — ADDRESS 142 W. Hill St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82517

C82517

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Watson ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Turner

(Residence in Baltimore: No. 1140 Watson St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col. a, g

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 27 .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Harriet Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Turner

(Address) 1140 Watson St.

15- FEB. 6 1915 ROBERT KRAUTER

Filed....., 191.. [illegible] Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 5, ... 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1915, to Feb. 5 1915, that I saw her alive on Feb. 4, 1915, and that death occurred, on the date stated above, at 7 1/2 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Regurgitation

Acute Nephritis

..... (Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) E. Robinson M. D.

Feb. 6, 1915 (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury — DATE OF BURIAL, Feb 7, 1915

20-UNDERTAKER John W. Henderson — ADDRESS 317 Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82518

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82518

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2543 W. Fairmount Ave ST. 1080 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie R Simmons

(Residence in Baltimore: No. 2543 W Fairmont Ave St. 22 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 16, 1891 (Month) (Day) (Year)

7 AGE: 23 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): St Marys Co, Md

PARENTS

10 NAME OF FATHER: Robt M. Edwards

11 BIRTHPLACE OF FATHER (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Julia M. Jennyson

13 BIRTHPLACE OF MOTHER (State or country): St Marys Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard E Simmons

(Address) 2543 W. Fairmont Ave.

15 Filed FEB - 6 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 5th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1914, to Feby 5 1915, that I saw h.. alive on Feby 4, 1915, and that death occurred, on the date stated above, at 8-30 a m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. A. Farr M. D.

Feby 6, 1915 (Address) 17 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 7, 1915

20 UNDERTAKER: George J. Smith — ADDRESS: 607 ett St.

Spec.—5-19-13—M. & T.—600 Blks

C82519

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82519

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Church ST.; (Calverton) 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneviève Elizabeth Blake.

3-Residence in Baltimore: No. 741 Church St., Calverton St.; 1 yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Child

6-DATE OF BIRTH, January 20, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Morris Blake.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary Harris

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed FEB - 6 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January February 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 28 1915, to Feb 5, 1915, that I saw h er alive on Feb. 4th 1915, and that death occurred, on the date stated above, at 3.10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Chester Riland, M. D.

2-5, 1915. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral (DATE OF BURIAL, Feb 8, 1915)

20-UNDERTAKER Jno. H. Shaw ADDRESS 400 Mosher St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82520

CERTIFICATE OF DEATH.

28 C82520

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 William ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. G. Brown.

(Residence in Baltimore: No. 1229 William St.: ...yrs...mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 30 (Month) (Day), 1872 (Year)

7-AGE, 42 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam. Brown.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Louisa. Heiler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kunegunda. Gerber.

(Address) 1235 William St.

15- Filed FEB - 6 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1914, to Feb. 4 1915, that I saw h[illegible] alive on Feb. 4- 1915, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) O Brehde M. D.

Feb. 6, 1915. (Address) 1229 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Cross HAC — DATE OF BURIAL, 2-8, 1915

20-UNDERTAKER E. & B. Haile — ADDRESS 115 E Lexington

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C82521

C82521 **CERTIFICATE OF DEATH.**

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 N. Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hadderly

(Residence in Baltimore: No. 1811 N. Mulberry St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 4 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
...yrs....mos....ds.	1 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.S.

PARENTS.

10-NAME OF FATHER, Thaddeus Hadderly

11-BIRTHPLACE OF FATHER (State or Country), N.S.

12-MAIDEN NAME OF MOTHER Martha Hadderly

13-BIRTHPLACE OF MOTHER (State or Country), N.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed FEB - 6 1915 ROBERT ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Feb 4 1915, that I saw h[illegible] alive on Feb 4 1915, and that death occurred, on the date stated above, at 8 1/2 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs....mos....ds.

(Signed) E. V. Cavalcaman M. D.

Feb 5/15, 191... (Address) 24 W Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
COLLEGE OF P. & S.	FEB 6 - 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. Inaccuracies may be properly classified. Exact statement of OCCUPATION is very

35

C82522

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

C82522

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 2602 Foster AVE ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Andrzejewska.

(Residence in Baltimore: No. # 2602 FOSTER AVE. St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow.

6-DATE OF BIRTH: Dont Know (Month) 1 (Day) (Year)

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): German Poland.

PARENTS

10-NAME OF FATHER: Kasper Krupawa.

11-BIRTHPLACE OF FATHER (State or country): German Poland.

12-MAIDEN NAME OF MOTHER: Josephine Bagrowska

13-BIRTHPLACE OF MOTHER (State or country): German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Adrzejewski Son

(Address) 2602 Foster ave.

15- FEB - 6 1915 ROBERT KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 5. (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1. 1914, to, Feb. 5. 1915, that I saw her alive on Feb 1. 15. 1915, and that death occurred, on the date stated above, at 1150 a. m.

The CAUSE OF DEATH* was as follows:

Urocystic –

Villous–

Carcinoma.

No Operation (Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Exhaustion.

(Duration) yrs. 2 mos. ds.

(Signed), G. C. Bladé – M. D.

Feb. 5. 1915 [Address] 143 N B'way

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: H. Stanislaus. DATE OF BURIAL: Feby 8", 1915

20-UNDERTAKER: M. F. Sadowski ADDRESS: 905 S. Ann St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82523

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82523

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1811 McCulloh St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bernard H Simms

(Residence in Baltimore: No. 1811 McCulloh St.: 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Blk	Single

6 DATE OF BIRTH Unknown (Month), (Day), 1880 (Year)

7 AGE 35 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Va

PARENTS

10 NAME OF FATHER John Simms

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Day

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Frances

(Address) 181[illegible] Mc Culloh

15 Filed ..., 191[illegible] ROBERT . ERAUTES, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 4 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1914, to Feb. 5 1915.
that I saw [illegible] alive on Feb. 4, 1915.
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno. Ebaugh M. D.
Feb 6, 1915. (Address) 701 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ft Dealeus	Feb 6, 1915
20 UNDERTAKER Harold Easton	ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT. WHITE CARD.

C82524

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82524

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No. 1740 E. Fayette ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Lennon

(Residence in Baltimore: No. 1740 E. Fayette St.: 61 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Col	Single

6-DATE OF BIRTH: Dec (Month) 27 (Day), 1853 (Year)

7-AGE: 61 yrs. 1 mos. 8 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Wm. Lennon

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Rebecca Reister

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clementine Lennon

(Address) 1740 E. Fayette St.

15- FEB 6 1915 Filed ..... 191 ROBERT . ERAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1914, to Feb 4- 1915, that I saw her alive on Feb 2, 1915, and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ... yrs. 6 mos. ... ds

Contributory (SECONDARY) Bronchitis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) J. T. Roeder M. D.

Feb 4, 1915. (Address) 1204 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lone Cemetery | DATE OF BURIAL: Feb 6, 1915

20-UNDERTAKER: John H. Owens | ADDRESS: 1222 Monroe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82525 HEALTH DEPARTMENT--CITY OF BALTIMORE C82525

CERTIFICATE OF DEATH

4V

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1414 Hanford av. St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katie A. Pullett

(Residence in Baltimore: No. 1414 Hanford av. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 13, 1879 (Month) (Day) (Year)

7 AGE: 35 yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): House work

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Wash L Hawkins

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Bronner.

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John N. Pullett

(Address) 1414 Hanford av

15 FEB 6 1915 1915 ROBERT . KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1914, to Fey 4, 1915, that I saw h[illegible] alive on Fey 4, 1915, and that death occurred, on the date stated above, at 8 C. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovaries
(Operated on July 1914 Md Thomas Hosp)
(Duration) 1/2 yrs. mos. ds

Contributory (SECONDARY) Ascites. Heart failure
(Duration) yrs. mos. 1 ds.

(Signed) Arthur Wegforth M. D.

Fey 5, 1915 (Address) 2031 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Station Charles co md

DATE OF BURIAL: February 7, 1915

20 UNDERTAKER: Robert A. Ellicott

ADDRESS: 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82526 C82526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY of BALTIMORE: (No. Johns Hopkins Hos ST.; 5 WARD)

REGISTERED No. C 9/8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Joseph.

(Residence in Baltimore: No. 222 East St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1914 (Year)

7-AGE, ... yrs. 7 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, John Joseph.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Amanda Wood

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hos.

15-

Filed ..... 191.. ROBERT A. KRAUTER, Registrar.

BURIAL PERMIT

FEB - 5 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Feb. 5 1915, that I saw h[illegible] alive on Feb 5, 1915, and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

.....

Bronchopneumonia

.....

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Empyema

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Alma S. Ratchford M. D.

Feb. 5, 191.5 (Address) Johns Hopkins Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence 222 East St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 7, 1915

20-UNDERTAKER Robert A Ellicott — ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82527

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C82527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S Lakewood Av ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel F. Mattes

(Residence in Baltimore: No. 522 S. Lakewood ave St.; 73 yrs., ... mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 13, 1850
(Month) (Day) (Year)

7-AGE, 64 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob F Mattes

(Address) 522 Lakewood Ave

15-

Filed FEB 9 1915, 191.. ROBERT GRACTER, Asst. City Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Feb 5 1915, that I saw him alive on Feb 4 1915, and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

a Bronchial Asthma

.....

..... (Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) 1 yrs. ... mos. 5 ds.

(Signed) Geo Heller M. D.

Feb 5, 1915. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, FEB 7, 1915.

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Av

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82528

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C82528

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Leadenhall St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Caldarone

(Residence in Baltimore: No. 1122 Leadenhall St.; ... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 4th (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
... yrs. ... mos. 2 ds.	... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas Caldarone

11-BIRTHPLACE OF FATHER (State or Country), Caserta, Italy.

12-MAIDEN NAME OF MOTHER Adelina Tudino.

13-BIRTHPLACE OF MOTHER (State or Country), Caserta, Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Caldarone

(Address) 1122 Leadenhall St.

15-

Filed ..., 191 ...

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

FEB - 6 1915

N. B.—Every item of information should be carefully obtained, and the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Feb 5 1915, that I saw him alive on Feb 5th 1915, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Guy Bowley M. D.

Feb 6/ 1915 (Address) 136 W. Hill St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross Cemetary	2/9/15, 191...

20-UNDERTAKER	ADDRESS
C M Underwood	1610 E Chase St

Spec.—8-24-14—M. & T.—2000 Bks.

C82529

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82529

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gene. Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Masters

(Residence in Baltimore: No. Maryland General Hospital yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Robert Masters

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Hetta Mentzer

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. B. Masters

(Address) Glyndon Md

15- FEB - 6 1915 ROBERT . KRACTER

Filed ..... 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Feb 6 1915, that I saw him alive on Feb 5 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia &
Tuberculosis Pulmonary

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. O. Eyler M. D.

Feb. 6, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Asbestos, Carroll Co, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bowersville Pa	Feb 8, 1915
20-UNDERTAKER J.S. Elvie	ADDRESS Reisterstown Md

R. R.—Every item of information should be carefully supplied. AGE should be correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82530 C82530

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3059 Strickland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence L Chaney

(Residence in Baltimore: No. 3059 Strickland St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 8, 1913
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
1 yrs. 8 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Howard Chaney

11-BIRTHPLACE OF FATHER (State or Country), Laurel Md

12-MAIDEN NAME OF MOTHER Ada Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada Chaney

(Address) 3059 S Strickland St

15-
Filed FEB - 6 1915 191....
ROBERT . KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to Feb 5 1915, that I saw h alive on Feb 5 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cranium Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jam M. D.

Feb 6, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Md	Feby 7 1915
20-UNDERTAKER	ADDRESS
Theo A Gerber	Laurel Md

R. F. D.—Every item of information must be given as required, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82531

CERTIFICATE OF DEATH.

x 105

C82531

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Mrs Keeting Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Thomas Carney

(Residence in Baltimore: No. 615 State St Schenectady NY St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 9, 1877
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Peter Carney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Roche

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Carney

(Address) 615 State St

15- Filed FEB - 6 1915, 191... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1915, to Feb 6 1915, that I saw h... alive on Feb 6 1915, and that death occurred, on the date stated above, at 5.10 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage -

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute duodenal ulcer (Duration) ... yrs. ... mos. 1 ds.

(Signed) C H Watt M. D.

Feb 6, 1915 (Address) 7 S. Main

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 615 State St Schenectady NY

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Schenectady New York	February 9 1915
20-UNDERTAKER	ADDRESS
Albert E Fuller	224 S Main

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82532 — 1 — 20 — C82532

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 763 East ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Zitlin

(Residence in Baltimore: No. 763 East St.; 26 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Male~~

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: ~~January~~ (Month) 1 (Day) ~~1~~ (Year)

7-AGE: 51 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Morris Zitlin

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Zitlin

(Address) 763 East St

15 FEB - 7 1915 Filed ..... 191.. ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb'y (Month) 6 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1914, to, Feb'y 1915, that I saw ~~him~~ her alive on Feb. 4th 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Uremia & Heart failure

(Duration) ... yrs. ... mos. 10 ds.

Contributory (SECONDARY) Chronic interstitial Nephritis (Duration) 7 yrs. ... mos. ... ds.

(Signed) Lee J. Blaylock M. D.

Feb'y 1915. [Address] 712 Aisquith St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 763 East st

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Feb 7, 1915

20-UNDERTAKER: L. Levinson & Bro — ADDRESS 1107 E Balto st

Spec.—5-19-13—M. & T.—500 Bks.

Dorah Poland

C82533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82533 — 109 — REGISTERED No. C

1-PLACE OF DEATH Hebrew Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Ruthland Ave & Monument ST.; 5 WARD)

2-FULL NAME Mrs. Dorah Poland

(Residence in Baltimore: No. 1926 E Fayette Street St.: 7 yrs.; — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 62 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Glass

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. Poland

(Address) 1926 E. Fayette St.

15- FEB - 7 1915 Filed ....., 191.

ROBERT . BRADLEY Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-4 1915, to 2-6 1915, that I saw h[illegible] alive on 2-6 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Strangulated hernia (rt.)

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ... yrs. ... mos. 6 hours ... ds.

(Signed) M. B. Levin M. D.

2-7, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 7 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1421 E. Fayette St.

Former or usual residence 2421 N. Eutaw St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd

DATE OF BURIAL, Feb. 7, 1915.

20-UNDERTAKER S. Levinson Bro

ADDRESS 1107 E Baltimore st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82534

CERTIFICATE OF DEATH

17 C82534

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 1 Tyson ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Conway

(Residence in Baltimore: No. 1 Tyson St.: ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: May ..... (Month) ..... (Day), 1859. (Year)

7-AGE: 55 yrs. 8 mos. ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Carroll Co. Md

PARENTS

10-NAME OF FATHER: Jacob Knight

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Annie Fowler

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Wareing

(Address) 1 Tyson St.

15. Filed FEB - 7 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 6 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to Feb 6 1915, that I saw h[illegible] alive on Feb 5, 1915, and that death occurred, on the date stated above, at 5 6 m.

The CAUSE OF DEATH* was as follows:

Facial Neuralgia
Lobar pneumonia - due to
Jacking down steps Accidental fall
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), [illegible] M. D.
Feb 6, 191 (Address) 2330 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL: Carroll Co Cemetery — DATE OF BURIAL: Feb 8 — 1915

20-UNDERTAKER: John J Cowan & Son — ADDRESS: 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82535

CERTIFICATE OF DEATH.

28 C82535

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Castle. St.; W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie W. Hengeveldt.

(Residence in Baltimore: No. 23 S. Castle St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 25, 1886
(Month) (Day) (Year)

7-AGE, 28 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Canner.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Bernard B. Hengeveldt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara King.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony F. Hengeveldt

(Address) 23 S. Castle St.

15- FEB - 7 1915 ROBERT . ARBUTUS
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Feb. 1915, that I saw her alive on Jan. 31st 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Acute Phthisis (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. (Secondary) Pthisis Pulmonalis.

Acute Phthisis (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Albert Mull M. D.

2-5-, 1915. (Address) 2723 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer. DATE OF BURIAL, Feb. 8....., 1915.

20-UNDERTAKER Wm Cook. ADDRESS 502 E. Hoffman Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 B'ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2005 Hollins C82536 — C82536

CERTIFICATE OF DEATH.

REGISTERED NO. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 E. 31st St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Ira Trench

(Residence in Baltimore: No. 2005 E 31st St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 6, 1879 (Month) (Day) (Year)

7-AGE 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New Hampshire Conn

PARENTS.

10-NAME OF FATHER, Ira J. Trench

11-BIRTHPLACE OF FATHER (State or Country), Michigan

12-MAIDEN NAME OF MOTHER Charlotte Tolles

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Trench

(Address) 2005 E. 31st

15- FEB - 7 1915 ROBERT . KRAUTER,
Filed ..... 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1915, to Feb 7 1915, that I saw him alive on Feb 7 1915, and that death occurred, on the date stated above, at 4.15 p. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

..... (Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Tonsillites (Lacunar)

acute Nephritis (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) E. Hilles Fleming M. D.

Feb 7, 1915. (Address) 2000 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Hamm Conn

DATE OF BURIAL, Feb 9, 1915.

20-UNDERTAKER William Cook

ADDRESS 501 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82637 — 91 — 28280 — 25531

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Gough ST.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Abrams

(Residence in Baltimore: No. 1210 Gough St.; — yrs., 8 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Nov. (Day) 6 (Year) 1914

7-AGE, — yrs. 8 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Willie Abrams

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Gruefeld

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Abrams

(Address) 1210 Gough St

15- FEB - 7 1915 Filed ROBERT . KRAUTER, Registrar. 191 Burial Permit (.....)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 6 1915, that I saw h[er] alive on Feb 6 1915, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ... yrs. ... mos. 1 ds.

(Signed) A. T. Cairns M. D.

Feb 6, 1915. (Address) 245 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1210 Gough St

19-PLACE OF BURIAL OR REMOVAL, Arbor Mt Carmel — DATE OF BURIAL, Feb 7, 1915

20-UNDERTAKER H. Lennon & Bro — ADDRESS 1807 E Balto St

C82538

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C82538

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1549 ARGYLE AVENUE, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME GUSTAV MORMANN,

(Residence in Baltimore: No. 1549 ARGYLE AVENUE, 64 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widower.

6-DATE OF BIRTH, March (Month) 20th (Day), 1843. (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 10 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigarmaker,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilie Seipple, daughter,

(Address) 1549 Argyle avenue.

15- Filed FEB - 7 1915 191... ROBERT . ERAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

MYOCARDITIS; SCLEROSIS OF THE CORONARY ARTERIES,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ARTERIO-SCLEROSIS,

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Wenzel (Coroner.) M. D.

Feb. 6, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Feb 7, 1915
20-UNDERTAKER	ADDRESS
Joseph B Cook	1003 E Balto St.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C82539

CERTIFICATE OF DEATH.

154 C82539

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1615 N. Saratoga ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Anderson

(Residence in Baltimore: No. 1615 N. Saratoga St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH: ..... (Month) ....., 1831 (Year) (Day)

7-AGE: 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Howard Co. Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Anderson

(Address) 1615 N. Saratoga St.

15- Filed FEB - 7 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gen. Debility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml Hunley M. D.
(Coroner)

Feb. 7th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State.... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 7th 1915

20-UNDERTAKER Saml J Hunley ADDRESS 1504 Riddle

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82540

CERTIFICATE OF DEATH.

84 C82540

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425, Foster, Av. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Oczynski

(Residence in Baltimore: No. 2425 Foster ave St.; ....yrs.... mos. 19 ds.)

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Jan. (Month) 19 (Day), 1915 (Year)

7-AGE, ...yrs....mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER, Bronislaw Oczynski

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sofia Tulska.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sofia Oczynski

(Address) 2425 Foster Ave.

FEB - 7 1915

Filed..... 191.. Burial Permit Given.

ROBERT . BRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 4 1915, to February 5 1915, that I saw h[illegible] alive on February 5 1915, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration)....yrs.... mos. 2 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration)....yrs....mos....ds.

(Signed) D.H. Jamiszewski M. D.

Febr. 5, 1915. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb. 8, 1915

20-UNDERTAKER William Fralkowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82541

CERTIFICATE OF DEATH.

31 C82541

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Visitation Convent ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Bernadette Walsh

Residence in Baltimore: No. Park ave and Laurens St.; 8 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... September ....., 1886
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Religious
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Westernport Md

PARENTS.

10-NAME OF FATHER, John Walsh

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Logan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr M Placide Wallace

(Address) Visitation Convent

15- Filed FEB - 7 1915 191... ROBERT . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1914, to Feby 6 1915, that I saw her alive on Feby 3 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

..... Chronic intus-Susc

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis intestinal ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, 2-8....., 1915

20-UNDERTAKER Joseph Weis Sons Co — ADDRESS Mc Culloh & Madison Sts

Spec.—8-24-14—M. & T.—2000 Blks.

C82542

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82542

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Sprugdale ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie E. Darling

(Residence in Baltimore: No. 4015 Sprugdale St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, December 30, 1884 (Month) (Day) (Year)

7-AGE, 30 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Conn.

PARENTS.

10-NAME OF FATHER, Frank W. Gregory

11-BIRTHPLACE OF FATHER (State or Country), Conn

12-MAIDEN NAME OF MOTHER Mary E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Gregory

(Address) 4015 Sprugdale

FEB - 7 1915 ROBERT ... KRAUTER, Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5th, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 1914, to Feb 5th 1915; that I saw h.. alive on Feb 5th 1915; and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonal

Hemorrhage Exhaustion Tuberculosis

.....

..... (Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonal dont know

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. C. Lemmon M. D.

Feb 5th, 1915. (Address) 715 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland Cem

DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER Lowe Boos

ADDRESS 537 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82543

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82543

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1504 N. Dallas St. 8th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah J. King

(Residence in Baltimore: No. 1504 N. Dallas St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Execrtainment of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Mulatto

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7 AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Brown

(Address) 1504 N Dallas St

FEB - 7 1915 Filed ....., 191 ROBERT . KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1915, to Feb. 4, 1915, that I saw her alive on Feb. 4, 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed), Edwin B. Fenby M. D.

Feb. 4, 1915 (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 8 1915

20 UNDERTAKER: Charles B. Jones — ADDRESS: 2041 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~82514~~ 28 C82544

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1405 Olive (ST.; 23 WARD) REGISTERED No. C

2-FULL NAME John Roth

(Residence in Baltimore: No. 1405 Olive St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 55 yrs. 2 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, December 3, 1859 (Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John Roth

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Roth

(Address) 1405 Olive St.

15- Filed FEB - 7 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Feb 6 1915, that I saw him alive on Feb 5th 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) ....yrs. ....mos. 3 wks

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) C. D. Buxton M. D.

Feb. 6, 1915. (Address) 301 E. Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	7, 191.5
20-UNDERTAKER	ADDRESS
J. Fan Mackall	302 E. Fay

Spec.—5-19-13—M. & T.—500 Bks.

08:2545 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 08:2545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1516 Byrd ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sophie Telsa Hamilton

(Residence in Baltimore: No. 1516 Byrd St.; St.: ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Nov 10, 1873. (Month) (Day) (Year)

7-AGE, 41 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Washington DC

PARENTS.

10-NAME OF FATHER, John Huff

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Mary Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Hamilton

(Address) 1516 Byrd St

15- FEB - 7 1915 Filed....., 191.... ROBERT . ERAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Feby 6 1915, that I saw her alive on 2/6 1915, and that death occurred, on the date stated above, at 5.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6½ mos. ....ds.

CONTRIBUTORY (Secondary) Anemia. Prostration

(Duration) ....yrs. 2 mos. ....ds.

(Signed) L. J. Burlington M. D.

2/6, 1915 (Address) 102 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, 2/8, 1915

20-UNDERTAKER J. Fero McCully — ADDRESS 37 E. Fort Av

C82546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82546

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 120 E Fort Ave ST.: 24 WARD) REGISTERED No. C 71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sydney F Reynolds

(Residence in Baltimore: No. 120 E Rort Ave St.: yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar. 20th, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mon. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Victor Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Hattie J Bryant

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor Reynolds

(Address) 120 W. Fort Ave

15- Filed FEB - 7 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) Sudden mos. ds.

CONTRIBUTORY (Secondary) / (Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

Feb 7, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	2/8, 1915
20-UNDERTAKER	ADDRESS
J. Frew McCully	39 E. Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82547

CERTIFICATE OF DEATH.

17 C82547

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E. Mulberry St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Schwind

(Residence in Baltimore: No. 411 E. Mulberry St.; unknown yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 8 (Month) 15 (Day) 1849 (Year)

7-AGE, 65 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Barthm Schwind

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Carroyter

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Schwind

(Address) 411 E. Mulberry St.

15- FEB - 7 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to Feb 5 1915, that I saw h[im] alive on Feb 5th 1915, and that death occurred, on the date stated above, at 4 45 p m.

The CAUSE OF DEATH* was as follows:

Bronchitis Disease
Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia, Oedema of Lungs

(Duration) yrs. mos. 6 ds.

(Signed) Joseph E. Gichner M. D.

Feb 5th 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb. 8, 1915
20-UNDERTAKER Albert C. Fuller	ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82548

CERTIFICATE OF DEATH.

x50 82548

REGISTERED No. C.....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1110 Hollins St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bean

(Residence in Baltimore: No. Barton, Md. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1888 (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Miner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, John Bean

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Sarah Barnhill

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A D Currey

(Address) Q. H. Hosp.

15- Filed FEB - 7 1915, 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb. 7 1915, that I saw him alive on Feb. 7. 1915, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

..... (Duration) —yrs. 1 mos. —ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul H. Clough M. D.

Feb 7, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Barton, Md

19-PLACE OF BURIAL OR REMOVAL, Barton Md. DATE OF BURIAL, Feb 9., 1915

20-UNDERTAKER Albert C Fuller ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82549

CERTIFICATE OF DEATH.

1920 C82549

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Roland Ave ST.; 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Marney

(Residence in Baltimore: No. 3919 Roland Ave St.; 40 yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May 21, (Month) (Day) 1841 (Year)

7-AGE, 73 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Michael Marney

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice Clary

(Address) 3919 Roland ave

15- Filed FEB - 7 1915 101.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5th, (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Feb 5 1915, that I saw h[illegible] alive on Feb 5 1915, and that death occurred, on the date stated above, at 10.55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

6 mos (Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 7, 1915. (Address) 3132 Rutland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER Horace Burgee & Son

ADDRESS 363 Park Ave

N.B.—Every item of information should be carefully considered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82550

CERTIFICATE OF DEATH.

31 C82550

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Exeter ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Hill

(Residence in Baltimore: No. 307 S Exeter St. St.: ...yrs,... ...mos. ...ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 9, 1880 (Month) (Day) (Year)

7-AGE 34 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael A Dolan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Connoly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dolan

(Address) 307 S Exeter St

15- FEB 27 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

Filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 5th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1914, to Jan 31st 1915, that I saw her alive on Jan 31st 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Anaemia & asthenia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) William D Keesick M. D.

Feb 7, 1915 (Address) 1700 Lindsay ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER John A Moran — ADDRESS Balt & Ann Sts

082551

HEALTH DEPARTMENT—CITY OF BALTIMORE

137 082551

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 5 Franklin Square Hosp. ST.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian May Kennedy

(Residence in Baltimore: No. 433 S. Gilmore St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Not Known ....., 1896
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
19 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Austin Chambers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lillian Galloway

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Austin Chambers
(Address) 57 Florence Ave

15- ROBERT . KRAUTER
Filed FEB - 7 1915 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Peritonitis following incomplete Abortion (Not Induced)
..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) Saml. Wamberg M. D.
(Coroner)
Feb. 7th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1 ds. In the State 19 yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
433 S. Gilmore St
Former or usual residence 433 S. Gilmore St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Feb 8, 1915

20-UNDERTAKER	ADDRESS
John J. Fields	1005 Pennsylvania

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82552

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82552

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3831 Hickory Ave. ST.: 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul LeRoy Bond

(Residence in Baltimore: No. 3831 Hickory Ave St.; yrs., mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1915 (Year)

7-AGE, yrs. mos. 5 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Roscoe Bond

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nellie McFitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie M. Fitzpatrick

(Address) 3831 Hickory Ave

15-

Filed FEB - 8 1915, 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Feb 7 1915, that I saw h alive on Feb 6 1915, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Child fever from birth
Marbet St Nurse

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 5 da.

(Signed) Pat Normoyle M. D.

Feb 7th, 1915. (Address) 3247 Marbet St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Mary's Hanover | DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER Chenowith & Son | ADDRESS 361 W. Chestnut ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82553

CERTIFICATE OF DEATH.

18 C82553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hos St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Cox.

(Residence in Baltimore: No. 27 W. Preston St St.; ~ yrs., ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Dec 5, 1847
(Month) (Day) (Year)

7-AGE, 67 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cashier C & P
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Cox.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sue Washington

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. D. McClure

(Address) 1 W. Pratt St

15-

FEB - 8 1915

Filed....., 191.. Burial Permit Oiler

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Dec 6 1915, that I saw ~~him~~ alive on Dec 6 1915, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Erysipelas starting in Rt. leg ulcer

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 7 ds.

(Signed) R. D. McClure M. D.

Dec 7, 1915. (Address) 1 W. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 27 W. Preston St

Former or usual residence 27 W. Preston St

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Dec 9, 1915

20-UNDERTAKER Stewart Mooney Co — ADDRESS 1089 Nortons

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82554 — CERTIFICATE OF DEATH. — 43 C82554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N Carey ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Randall

(Residence in Baltimore: No. 214 N Carey St.) 70 yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Oct (Month) 20 (Day), 1844 (Year)

7-AGE: 70 yrs. 4 mos. 15 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: David F Smith

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary L Ford

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Edith C. Randall

(Address) 214 N. Carey St.

15- FEB - 8 1915 Filed....., 191... HARRY C. ARNESS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1914, to Feb. 6 1915, that I saw her alive on Feb. 6 1915, and that death occurred, on the date stated above, at 2.25 p.m.

The CAUSE OF DEATH* was as follows:

Cancer

No Operation

" Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Marshall T. Smith M. D.

..... 191... (Address) 118 N. Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 8, 191...

20-UNDERTAKER: Geo. J. Smith — ADDRESS: Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82555

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82555

CERTIFICATE OF DEATH.

40

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (Institution) University Hospital ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Jessie M. Edwards

(Residence in Baltimore: No. 3339 Windsor Ave. St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May 7, 1865 (Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Page Edmunds

11-BIRTHPLACE OF FATHER (State or Country): N. J.

12-MAIDEN NAME OF MOTHER: Susie Cowgill

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Page Edmunds M. D.

(Address): Baltimore Md.

15- Filed FEB - 8 1915, 191.. HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to Feb 7 1915, that I saw her alive on Feb 7 1915, and that death occurred, on the date stated above, at 30 minutes P.M.

The CAUSE OF DEATH* was as follows:

Carcinomas of liver with
General metastases
(Metastatic Cancer)

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Page Edmunds M. D.

Feb 7, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 35 yrs. mos. ds.

Where was disease contracted if not at place of death? Usual residence

Former or usual residence 3339 Windsor Ave,

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL, Feb 9, 191..

20-UNDERTAKER: W J Fackler & Sons ADDRESS North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C82556

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 843 W. North Ave ST.; 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher C. Adreon

(Residence in Baltimore: No. 843 W. North Ave ST.; 20 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Dec 15, 1855 (Month) (Day) (Year)

7-AGE: 56 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: John L. Adreon Md

11-BIRTHPLACE OF FATHER (State or country): Baltimore City

12-MAIDEN NAME OF MOTHER: Hannah Cooper

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Fore

(Address): 536 W. North Ave

15-
Filed FEB - 8 1915, 191
HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1915, to Feb 6, 1915, that I saw h[er] alive on Feb 6, 1915, and that death occurred, on the date stated above, at 64 m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)
(not known)

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY): Uremic Coma 12 hours

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs Fore M. D.

Feb 7, 1915 (Address) 536 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb. 8, 1915

20-UNDERTAKER: W. J. Tickner & Son — ADDRESS: North & Penn.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82557

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital ST.; 22 WARD)
REGISTERED NO. C

2-FULL NAME Edward Beamt (Blount)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 Hanover St St.; 24 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb. 26, 1839
(Month) (Day) (Year)

7-AGE, 75 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy
(Address) Hospital

15-
Filed FEB - 8 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to Feb 4 1915, that I saw h[illegible] alive on Feb 4 1915, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:
Myocarditis General
Atheroma Sclerosis
..... (Duration) Unknown

CONTRIBUTORY (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Record M. D.
Feb 5, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? 219 Hanover St
Former or usual residence 219 Hanover St

19-PLACE OF BURIAL OR REMOVAL, National Cemetery
DATE OF BURIAL, Feb. 8, 1915

20-UNDERTAKER John E. Hough Co
ADDRESS 1427 Pennsylvania

C82558

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C82558

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1212 Jefferson St.: 10 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert H Banks

(Residence in Baltimore: No. 1212 Jefferson St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Single

6 DATE OF BIRTH July (Month) 6 (Day), 1915 (Year)

7 AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 11 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Robt H Banks

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Chalmetta Greer

13 BIRTHPLACE OF MOTHER (State or country): City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt H Banks

(Address) 1212 Jefferson St

15 FEB - 8 1915 Filed ....., 191.... HARRY O. ANDREWS, Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1915, to July 6 1915, that I saw h— alive on July 6, 1915, and that death occurred, on the date stated above, at 1 45 m.

The CAUSE OF DEATH* was as follows:

(1) Imo Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Magness M. D.

1/6, 1915 (Address) 1516 E Baltn St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 8th, 1915

20 UNDERTAKER: Barnes & Wright — ADDRESS: 364 W Fay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82559

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82559

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 816 N. Bond ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Matthews

(Residence in Baltimore: No. 816 N. Bond St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE — MARRIED — WIDOWED Widow OR DIVORCED — (Write the word)

6-DATE OF BIRTH: Unknown (Month) (Day), 1843 (Year)

7-AGE: 72 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): General housework

9-BIRTHPLACE (State or country): Williamsburg Va.

PARENTS

10-NAME OF FATHER: Dan Clark

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Matilda Roper

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Fitzhett

(Address) 816 N. Bond

15- Filed FEB 8 1915, 191.....

MARY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 —, 1915, to Feb 4 — 1915, that I saw h[illegible] alive on Feb 4 — 1915, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) — yrs — mos. 4 ds.

Contributory (SECONDARY) La Grippe

(Duration) — yrs. — mos. 6 ds.

(Signed) H. C. Harris M. D.

Feb 8 —, 1915 [Address] 1416 Jefferson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Feb. 8th 1915

20-UNDERTAKER: Mrs J. G. Locker ADDRESS: 1302 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82569

CERTIFICATE OF DEATH. 64 C82560

REGISTERED NO. C

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Douglas

(Residence in Baltimore: No. 525 S. Dummit St.; —yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) ....., 1866 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Catherine Wade

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Fields

(Address) 1200 W. Lombard St.

15-

Filed FEB - 8 1915 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) – 7 (Day) –, 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 – 21 – 1915, to 2 – 7 – 1915, that I saw h[illegible] alive on 2 – 7 – 1915, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral hemorrhage)

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A. L. Rauschenbach M. D.

2-7, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State 49 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 525 S. Dummit St.

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery

DATE OF BURIAL, Feb 10th, 1915

20-UNDERTAKER John J. Fields

ADDRESS 1200 W. Lombard St

C82561

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C82561

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 501 Longwood St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Behringer

(Residence in Baltimore: No. 501 Longwood St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July (Month) 5th (Day), 1834 (Year)

7-AGE: 80 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Kennert

(Address) 856. W. Fayette

15. Filed FEB - 8 1915, 191 HARRY O. [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1915, to Feb. 6 1915, that I saw her alive on Feb. 6, 1915, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY): Syphilis & Bowel infection

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J Thomas Gibson M. D.

Feb 7, 1915 (Address) 1103 N Luzerne ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore | DATE OF BURIAL: 2-8, 1915

20-UNDERTAKER: Henry C Branning Son | ADDRESS 517 N Schroeder St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82532

CERTIFICATE OF DEATH.

gv C82562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. East Ave ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Thomas

(Residence in Baltimore: No. 514 S. East Ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 15th, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 21 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Box maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Louis Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Eliz. Appelgarth

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Thomas

(Address) 514 S. East Ave

15- FEB - 8 1915 Filed, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29th 1915, to Feb 6th 1915, that I saw him alive on ~~Jan~~ Feb 6th 191.. and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adam A God M. D.

, 191... (Address) 3019 Eastern ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Feb 10 1915

20-UNDERTAKER Sander & Sons — ADDRESS 1710 Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

C82563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 145

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Md General Hospital ST.; WARD) REGISTERED No. C82563

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Kiebler

(Residence in Baltimore: No. Sumner Station Md St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 1st, 1864 (Month) (Day) (Year)

7-AGE. 50 yrs. 8 mos. 6 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Peter Schaffein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mathilda Herman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Kiebler

(Address) Turner's Station Md

15- FEB - 8 1915 DANIEL O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1914 to Feb 7 1915, that I saw her alive on Feb 7 1915, and that death occurred, on the date stated above, at 5 25 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder and Duodenum.

Obstruction of Rectum.

Exhaustion (Duration) 4 yrs. 5 mos. ....da.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 5 da.

(Signed) C. A. Voegtlyn M. D.

Feb 7, 1915 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 4 mos. 8 da. In the State 50 yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? —

Former or usual residence Turner's Station Md

19-PLACE OF BURIAL OR REMOVAL, Evangelical — DATE OF BURIAL, Feb 3, 1915

20-UNDERTAKER A. Sander & Sons — ADDRESS 1710 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82564

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Fait ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Litzau

(Residence in Baltimore: No. 2602 Fait Ave St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 2 (Month), (Day), 1889 (Year)

7-AGE, 25 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labour
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Carl Litzau

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Engler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis E. Litzau

(Address) 2602 Fait Ave

15- Filed FEB - 8 1915 191... HARRY D. ARNESON, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month), 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Feb 7 1915; that I saw h alive on Feb 6 1915; and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. ...ds.

(Signed) John G. Osburn M. D.

Feb 7, 1915 (Address) S.E. Cor Fairmount Ave + Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel — DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER H. Sander & Sons — ADDRESS 1110 Park Ave

Spec.—5-29-13—M. & T.—500 Bks.

C82565

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82565

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Goldfield Hotel ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Mallory

(Residence in Baltimore: No. Goldfield Hotel St.; 7 yrs., mos. ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 4, (Month) (Day), 1880 (Year)

7-AGE, 28 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Winslow Davis

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Alice Christmas

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Martha Jane Dabney

(Address) Goldfield Hotel

15-

Filed....., 191.. REGISTRAR OF VITAL STATISTICS.....
Registrar

FEB - 8 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1915, to Feb. 7, 1915, that I saw her alive on Feb. 7, 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Pulmonary Asphyxia

Acute

Typhoid Fever (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 1 mos. ds.

(Signed) H. C. Rohrman M. D.

Feb 7 1915, 191.. (Address) 1111 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Feb. 9th., 1915.

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82566

CERTIFICATE OF DEATH.

29 C82566

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie M. Blackwell

(Residence in Baltimore: No. 1518 Argyle ave St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month), (Day), 1 (Year)

7-AGE, 29 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas Butler

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER Sarah Bush-

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Watkins

(Address) 1236 edward Street

15- Filed FEB. - 8 1915 191 HARRY O. ANDERSON, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1914, to July 5 1915, that I saw h er alive on July 3 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Walter M. White M. D.

July 7, 1915. (Address) 1101 Bloom

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 8, 1915

20-UNDERTAKER Geo. H. Holland

ADDRESS 517 Robert St.

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blx.

C82567 HEALTH DEPARTMENT—CITY OF BALTIMORE 130 C82567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Hill ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wolf Sirkind

(Residence in Baltimore: No. 4 W. Hill St.; 14 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 62 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dairy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham H. Sirkind

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. H. Sirkind

(Address) 4 W. Hill St

15- FEB - 8 1915 HARRY O. ANDREWS Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept - 1910, to Feb, 7, 1915, that I saw him alive on Feb, 7, 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 1 ds.

(Signed) D Strandler M. D.

Feb 7, 1915. (Address) 122 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4 W Hill St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Ray — DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93 C82568

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Hennemann Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pocta

(Residence if in Baltimore: No. 1810 Hennemann Ave St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1869 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Pocta

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Fanni Hucka

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Pocta

(Address) 1810 Hennemann

15-

Filed FEB - 8 1915, 191.... Burial Permit Olerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1914, to Feby 6 1915, that I saw h— alive on Feby 6 1915, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion

..... (Duration) ..... yrs. ..... mos. 40 ds.

CONTRIBUTORY (Secondary) M. Myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W White M. D.

....., 191... (Address) 110 1 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 10, 1915.

20-UNDERTAKER Frank Enoch & Son — ADDRESS 1904 Gaitland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82569

HEALTH DEPARTMENT—CITY OF BALTIMORE

082569

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1933 Gleceanna ST.; ✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franka Zajic

(Residence in Baltimore: No. 1933 Gleceanna St.; 47 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob Zajic

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Zajic

(Address) 1933 Gleceanna st

15-

Filed FEB - 8 1915, 191.... HARRY O. ANDREWS, Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 1 at 1913, to Feb 5th 1915, that I saw h[illegible] alive on [illegible] 191 5, and that death occurred, on the date stated above, at 1005 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) 1 yrs. mos. ds.

(Signed) Jacob L Wismer M. D.

2-6 1915 (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER Frank Cochran — ADDRESS 1944 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

C8:2570

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C8:2570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N Milton Ave ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Wm Kellerman

(Residence in Baltimore: No. 1023 N Milton Ave St.; yrs., mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 12, 1915
(Month) (Day) (Year)

7-AGE, yrs. mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Thomas Edison Jr

11-BIRTHPLACE OF FATHER (State or Country) Balto md

12-MAIDEN NAME OF MOTHER Bertha Inve

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Edison Jr.

(Address) 1023 N. Milton ave

15-

Filed FEB - 8 1915, 191 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1915, to Feb 7 1915, that I saw him alive on Feb 7 1915, and that death occurred, on the date stated above, at 9 32 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 26 de.

CONTRIBUTORY (Secondary) ? Mo Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. T. Hewes M. D.

Feb 8, 1915. (Address) 1301 N Pat Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER Wm J. Schaefer & Son

ADDRESS 8 E. Fayette St.

C82571

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82571

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH

6

Registered No. C .....

CITY OF BALTIMORE (No. 1740 E. Payette St.; Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Lemmon

(Residence in Baltimore: No. 1740 E. Payette St.; 51 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Colo	Single

6-DATE OF BIRTH Not Known, 1 .....
(Month) (Day) (Year)

7-AGE 51 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER William Lemmon

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Annie Pistler

13-BIRTHPLACE OF MOTHER (State or country) Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clementine Lemmon

(Address) 1740 E. Payette St

15- FEB - 8 1915

Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 5, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1915, to Feb 5 1915, that I saw her alive on Feb 5, 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Roth M. D.

....., 191..... (Address) 1205 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Laurel Cem | DATE OF BURIAL Feb-9 1915

20-UNDERTAKER W A Elliott | ADDRESS 506 Rodgers Ave

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82572 ×92 C82572

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. Cor- Madison & Fiddes Ave St. ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy Grooms

(Residence in Baltimore: No. Eldersburg Md St.: 31 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 3rd 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. — mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nicholas Grooms

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Grooms

(Address) Eldersburg Md

15- Filed FEB - 8 1915, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1915, to Feb 8 1915, that I saw h.m alive on Feb 8 1915, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia Rt Lung

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Earle Hull M. D.

Feb 8 1915. (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? X

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Lynnville Md — DATE OF BURIAL, Feb 10, 1915

20-UNDERTAKER Jas R Steer — ADDRESS Lynnville Md

682573

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 682573.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2669 Bruce Terrace WARD) 13

2-FULL NAME Georgia W. Gabriel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2669 Bruce Terrace St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Infant

6-DATE OF BIRTH, Sept 5, 1914
(Month) (Day) (Year)

7-AGE, 5 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 516 Clifton Av

PARENTS.

10-NAME OF FATHER, Harry D. Gabriel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nettie F. Winebrenner

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harry D. Gabriel
(Address) 2669 Bruce Terrace

15- FEB - 8 1915 ROBERT J. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

Upsetting of a bucket of Scalding Water

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Severely scalded

(Duration) yrs. mos. ds.

(Signed) Harry L. Klepish M. D.
(Coroner)

Feb 8, 1915 (Address) 3649 Roslyn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery DATE OF BURIAL, Feb 8, 1915

20-UNDERTAKER Sherwood & Sons ADDRESS 3615 Clifton Ave

R. S.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82574

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82574

CERTIFICATE OF DEATH.

x 24

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan W. Yates

(Residence in Baltimore: No. Fernandina Florida St.; unknown yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Aug. (Day) 6th (Year) 1861

7-AGE, 53 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Not Given

11-BIRTHPLACE OF FATHER (State or Country), Not Given

12-MAIDEN NAME OF MOTHER Not Given

13-BIRTHPLACE OF MOTHER (State or Country), Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. N. Yates

(Address) Fernandina Florida

15-

Filed FEB 8 1915, 191.....

MATTHEW A. KRESSLER, Registrar.

Burial Permit Issued.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 22 1915, to Feb. 7 1915, that I saw h.r alive on Feb. 7 1915, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Embolism - mentioned

..... (Duration) 4 yrs. 4 mos. 3 ds.

(Signed) John T. King M. D.

Feb. 7, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? X

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Fernandina Florida | DATE OF BURIAL, Feb. 10th, 1915

20-UNDERTAKER Geo. M. Franck | ADDRESS 811 N. Howard

C82575 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82575

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1405 W. Fayette St.: 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry L Clemson

(Residence in Baltimore: No. 1405 W Fayette St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) 7 (Day), 1862 (Year)

7 AGE: 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Liquors - retail

9 BIRTHPLACE (State or country): Md. —

PARENTS

10 NAME OF FATHER: John Clemson

11 BIRTHPLACE OF FATHER (State or country): Md —

12 MAIDEN NAME OF MOTHER: Louise cross

13 BIRTHPLACE OF MOTHER (State or country): La.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Belle C. Clemson

(Address) 1405 W. Fayette St

15. FEB - 8 1915 ROBERT . ERAUTER, Registrar

Filed ....., 191.. Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1915, to Feb 6, 1915, that I saw h[illegible] alive on Feb 6, 1915, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculos
From Liston

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Evans M. D.

....., 191.. (Address) 101 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Liberty town Fred. Co. Md

DATE OF BURIAL: Feby. 8, 1915

20 UNDERTAKER: E. Madison Mitchell

ADDRESS: 120 W. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

C82576 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C82576

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 N. Charles ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline M. Poumairat

(Residence in Baltimore: No. 2623 N. Charles St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ...Aug... 7th ..., 1830.
(Month) (Day) (Year)

7-AGE, 84 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... None
(b) General nature of industry, business, or establishment in which employed (or employer)...

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, John G. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Providence R.I.

12-MAIDEN NAME OF MOTHER Caroline M. Fischbaum

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Poumairat

(Address) 2623 N. Charles Sto.

15- FEB - 8 1915 ROBERT . KRAUTER,
Filed..., 191..Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Feb... 7 ..., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1915, to Feb 7 1915, that I saw h-er alive on Feb 6 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema
Heart disease

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Hemiplegia (apoplectic)

(Duration) ...yrs. ...mos. 1 ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount

DATE OF BURIAL, Feby. 9th 1915

20-UNDERTAKER E. M. McLeod

ADDRESS 121 W. Fayette St.

Cause of death to be written in ink or indelibly pencilled, and without abbreviation. Carefully examined. Every question must be answered, or a satisfactory reason given for omission. Use only Standard Disease Nomenclature. Indefinite and unsatisfactory terms cannot be accepted. Certificate must be made out and signed by the physician who attended the deceased during last illness, and he must state the time he last saw the deceased alive. If he was not present at death, he must also state when the body was viewed by him after death. If death occurred without medical attendance, the coroner must be notified, and he will issue a certificate after viewing the body and making such investigation as may be necessary to obtain the information required. Physicians and others are requested to read carefully the instructions printed on this certificate, as only such information is required as is necessary for the identification of the deceased and the compilation of accurate statistics. Every certificate must be filled out in full, as imperfect certificates cannot be accepted. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE [redacted]

C82077 CERTIFICATE OF DEATH. C82378

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 571 Walnut alley ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arie Johnson —

(Residence in Baltimore: No. 571 Walnut alley St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, unknown (Month), 1 (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett Dinson

(Address) 571 Walnut alley

15- ROBERT J. KRAMER, Burial Permit Clerk.

Filed FEB 8 1915, 191

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1914, to Feb 7 1915, that I saw h[illegible] alive on Feb 6th 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Consumption Pulmonary

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Intoxication (Duration) yrs. mos. 7 ds.

(Signed) Samuel A Bain M. D.

Feb 9th, 1915. (Address) 434 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence B'k Co

19-PLACE OF BURIAL, OR REMOVAL, Sewell Station Md. DATE OF BURIAL, 2-10 1915.

20-UNDERTAKER Robt A. Elliott ADDRESS 506 East Bt.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82578 C82578 152

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Courtland ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jenkins

(Residence in Baltimore: No. 415 Courtland St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 6 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 9 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Prescott

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Jenkins

(Address) 415 Courtland St

15-

Filed....., 191.... ROBERT KRAUTER Registrar.

Burial Permit Issued
Asst. Record Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 6 1915, that I saw him alive on Feb 6 1915, and that death occurred, on the date stated above, at 4.00 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

....P. (Duration) P...yrs....mos....ds.

(Signed) Edward H. Smith M. D.

Feb 7, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 415 Courtland St

Former or usual residence 415 Courtland St.

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. — DATE OF BURIAL, FEB 8 - 1915

Commissioner of Health,
Per Wm. H. WOODALL

20-UNDERTAKER — ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82575

HEALTH DEPARTMENT—CITY OF BALTIMORE, 20 C82579

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mary Gen'l Hosp. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Anderson

(Residence in Baltimore: No. Catonsville Md St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Do not Know

PARENTS.

10-NAME OF FATHER, " " "

11-BIRTHPLACE OF FATHER (State or Country), " " "

12-MAIDEN NAME OF MOTHER " " "

13-BIRTHPLACE OF MOTHER (State or Country), " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md General Hospital

15- FEB 8 1915 ROBERT , KRAUTER,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., Feb 6, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Feb 6 1915, that I saw her alive on Feb 6 1915, and that death occurred, on the date stated above, at 1 P.m.

The CAUSE OF DEATH* was as follows:

Epileptic Fits
Exhaustion
Coma

(Duration)...yrs. 2 mos.....ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration)...yrs. 1 mos. 2 ds.

(Signed) ..... M. D.

2-6, 191.. (Address) Mary Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 17 ds. In the State....yrs....mos. 17 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. | DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner of Health. | ADDRESS

Per Wm. F. WOODALL.

FOR ANATOMICAL PURPOSES

12764

important. See instructions on back of certificate.

A. K. S. • A. F. E. T.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C82580

Registered No. C 82580

1 PLACE OF DEATH

City of Baltimore (No. 2 Cooke Court St. 3 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert Burke.

(Residence in Baltimore: No. 2 Cooke Court St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Oct 24, 1844 (Month) (Day) (Year)

7 AGE: 70 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Isaac Burke.

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not known.

13 BIRTHPLACE OF MOTHER (State or country): Not Know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Campbell

(Address) 2 Cooke Court

15 FEB 8 1915

Filed ..... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1915, to Feb. 7, 1915, that I saw h... alive on Feb. 3, 1915, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma,
(No operation or Microscopic exam)

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) A. Russell MD M. D.

2/7, 1915. (Address) 802 Forsyth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. DATE OF BURIAL: FEB 8 1915

20 Commissioner Health, Per. Wm. E. WOODALL. ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82581

C82581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 808 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus R Johnson

(Residence in Baltimore: No. 808 Sterling St. Lge yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Geo Johnson

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary J Baddies

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Jackson

(Address) 808 Sterling St

15- FEB - 8 1915 ROBERT P. KRAUER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1915, to Feb 5 1915, that I saw h[illegible] alive on Feb 5 1915 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Heart Failure

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. Edw. Turner M. D.

Feb 6, 1915 (Address) 1017 E Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 9, 1915
20-UNDERTAKER	ADDRESS
Robert A Elliott	606 Rutgers

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82582

C82582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Light st ST.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mary E Jones

(Residence in Baltimore: No. 1834 Light st

St.: 74 yrs., 11 mos. 26 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, February 11, 1840
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Boyce

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Crowley

(Address) 1836 Light St

15- FEB - 8 1915 BURIAL PERMIT ISSUED

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17th 1914, to Feb 6th 1915, that I saw h[illegible] alive on Feb 6th 1915, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

a Stroke

(Duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Epithelioma Liver

(Duration) yrs. mos. 1 ds.

(Signed) W. H. H. Langdon M. D.

Feb. 8th, 1915. (Address) 1425 Light st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery

DATE OF BURIAL, Febr 9, 1915

20-UNDERTAKER P. J. & M. A. Flynn

ADDRESS 1421 Light St

CAUSE OF DEATH must be plainly written, and may be prepared by any one, but must be signed by the physician. Read carefully the instructions on back of certificate. Answer every question. Be particular and exact. Use no abbreviations. Do not use ditto marks. Be sure to answer all questions relating to the mother when the child is under one year old. Every certificate must be complete and correct in all its parts before it can be recorded. This is important.

C82583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82583

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Mulberry St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Ryan

(Residence in Baltimore: No. 918 Mulberry St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Or DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 12, 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Patrick Feenan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Coffay

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Coffay

(Address) 613 N. Fremont

15- Filed FEB 8 1915 191 ROBERT KRAUTER, BURIAL PERMIT CLERK. Registrar.

FEB 8 1915

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) yrs. mos. ds.

(Signed) D. E. Lyons M. D.
(Coroner.)

Feb 8, 191 (Address) 613 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cy — DATE OF BURIAL, Feby 10, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Blks.

C82584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82584

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Deiches

(Residence in Baltimore: No. 1902 Eutaw Place St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) 8 (Day), 1875 (Year)

7-AGE, 39 yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Wm Deiches

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Jennie Hecht

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H Deiches

(Address) 1902 Eutaw Place

15-

FEB - 8 1915

Filed....., 191.... ROBERT ..., Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20. 1913, to Feby 7th 1915, that I saw him alive on Feby 1st 1915, and that death occurred, on the date stated above, at 9A. m.

The CAUSE OF DEATH* was as follows:

Aneurism of thoracic aorta,

Aortic insufficiency.

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Rupture of Aneurism

(Duration) — yrs. — mos. 1 ds.

(Signed) Louis J. Hamburger M. D.

Feby 8, 1915. (Address) 120 E. Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew

DATE OF BURIAL, Feb 9th, 1915

20-UNDERTAKER David Sondheim

ADDRESS 1801 Madison Ave

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82585 — 19 C82585

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Fremont ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Young

(Residence in Baltimore: No. 830 Fremont St.; √ yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 15 (Month) (Day), 1888 (Year)

7-AGE, 26 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Flagman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Stephen Young

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Young

(Address) 830 Fremont Ave.

15- FEB - 8 1915 ROBERT , KRAUER, Filed, 191.. Registrar. Burial Permit Clerk

CAUSE OF DEATH must be stated by physician, if practicable. Otherwise, coroner must be notified. Each question must be answered so far as practicable. Every certificate must be complete and accurate. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/6 (Month) (Day), 19N (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1914, to 2/6 191√, that I saw h— alive on 2/4 191√, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Heart Disease

(Duration) Yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 4 yrs. 4 mos. ds.

(Signed) A. Jenkins M. D.

2/6, 191√ (Address) 924 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, 2/9, 1915

20-UNDERTAKER Samuel Kennedy & Bro. — ADDRESS 1017 Pine St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82586

104 C82586

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Frederick Av ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Erhardt

(Residence in Baltimore: No. 2822 Frederick Av St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 28, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS,

10-NAME OF FATHER, Walter Erhardt

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ida Hansey

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hanna

(Address) 2822 Frederick Av

15- Filed FEB - 8 1915 191... ROBERT J. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Feb 6 1915, that I saw h... alive on Feb 6 1915, and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Gastro-Enteritis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Howard W Jones M. D.

Feb. 8, 1915. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, 2/9, 1915

20-UNDERTAKER J. B. Stephens ADDRESS Frederick Av

important. See instructions on back of certificate.

Spec.—5-29-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

082587

CERTIFICATE OF DEATH.

C 082587

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr William Leasher

(Residence in Baltimore: No. 2562 W. Fairmount Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan 29 ....., 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bakery

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Leasher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W. Wirzels

(Address) 1907 E. Lanvale St.

15- FEB - 8 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 7 1915, that I saw him alive on Feb 7 1915, and that death occurred, on the date stated above, at 9.05 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 3/4 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Fenton Peters M. D.

Feb 7th, 1915. (Address) 31 N. Bond Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER Henry Lutz — ADDRESS 1907 N Bond

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82588

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82588

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

*FULL NAME John G. May.

(Residence in Baltimore: No. 2403 Orleans St. St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 4th, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. ... mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam May

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Leister

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie May

(Address) 2403 Orleans

15- Filed FEB - 8 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 24 1915, to February 5 1915, that I saw him alive on February 5 1915, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Bronch Pneumonia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Hollenberg M. D.

Feb. 7., 1915. (Address) 810 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Feb. 9, 191...
20-UNDERTAKER Lilly & Fuhr	ADDRESS 403 E. Monument

CAUSE OF DEATH to be given in plain terms; Abbreviations may be employed. Important. See instructions on back of certificate.

C82589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C82589

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2426 Madison Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Strauss

(Residence in Baltimore: No. 2426 Madison Ave

St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, 76 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Solomon Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Kaufman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emanuel Strauss

(Address) 2426 Madison Ave.

15- FEB - 8 1915 Filed....., 191.....

ROBERT , KRAUTER, Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) H. Lamb E. Klopp M. D.
(Coroner)

....., 191.0. (Address) 540 N. Carlton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dalto Hebrew — DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER L. Sundheim — ADDRESS 118 W Mt Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 8. AGE should be stated EXACTLY. PHYSICIANS should state

C82590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C82590

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 28 N. Mount ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Kinsey

(Residence in Baltimore: No. 28 N. Mount St. 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Jan (Month) 12th (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 7 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Timothy Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margarite Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kohr

(Address) 28 N. Mount St

15- FEB - 8 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 5th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Ulrich M. D.
(Coroner)

Feb 7th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 9th, 1915.
20-UNDERTAKER Henry C. Browning Son	ADDRESS 517 North Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82591 C82591 134 C82591

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonie Crommell

(Residence in Baltimore: No. 220 Bethel St St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 7 1893
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 7 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mrs Falker 403 Broadway

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Geo. Crommell

11-BIRTHPLACE OF FATHER (State or Country). Balto Co

12-MAIDEN NAME OF MOTHER Mary J Wells

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burnett Boardley

(Address) 1310 N. Wolfe

15- FEB - 8 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 8 1915, that I saw her alive on Feb 8 1915, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Ectopic Pregnancy

(Duration) ....yrs. 2 mos. ....da.

CONTRIBUTORY (Secondary) Endocarditis (?)

(Duration) ....yrs. ....mos. ....da.

(Signed) Walter L Hinman M. D.

F. D. 9..., 191.5. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence 220 Bethel St

19-PLACE OF BURIAL OR REMOVAL, Long Green Md

DATE OF BURIAL, Feb 11, 1915

20-UNDERTAKER Wm Cook

ADDRESS 1128 N. Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82092

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C8259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208½ W. Biddle ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Noisette

(Residence in Baltimore: No. 208½ W. Biddle St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: December 23, 1851 (Month) (Day) (Year)

7-AGE: 63 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Chas Nichols

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: ? Baldye

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Lelia W. Noisette

(Address): 208½ W. Biddle St

15- FEB - 8 1915 ROBERT . KRAUTER, Filed....., 191... Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Feb. 6 1915, that I saw her alive on Feb. 6 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) O. Edward Janvier M. D.

2-7-, 1915. (Address) 825 Pennington Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Feb. 9, 1915

20-UNDERTAKER Wm Cook ADDRESS 928 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Love 3956 Greenmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82593

CERTIFICATE OF DEATH.

28 C82593

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3956 Greenmount Ave, 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Getty.

(Residence in Baltimore: No. 3956 Greenmount Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 5, 1888
(Month) (Day) (Year)

7-AGE, 26 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Hugh C Getty —

11-BIRTHPLACE OF FATHER (State or Country) Ireland —

12-MAIDEN NAME OF MOTHER Kate Lilly.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh C Getty —

(Address) 39 E. Greenmount Ave

15- FEB - 8 1915 ROBERT , KRAUTER Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ✓ 191., to Feb 7 1915, that I saw h.. alive on Feb 6 1915, and that death occurred, on the date stated above, at 3.55 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

4

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration).....yrs.....mos. 2 ds.

(Signed) Wm Love M. D.

Feb 8, 1915. (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Feb 10, 1915.

20-UNDERTAKER Wm Cook

ADDRESS 501 E. North

CAUSE OF DEATH must be plainly stated. Use no abbreviations. Do not state mode of dying. Be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82594

CERTIFICATE OF DEATH.

170 C82594

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Brunswick ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Kelly

(Residence in Baltimore: No. 517 Brunswick St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 7, 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 6 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Christian Kelly

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER, H. Elizabeth Krause

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Elizabeth Kelly

(Address) 517 Brunswick St.

15- FEB - 8 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1 1915, to Feb 7, 1915, that I saw him alive on February 5 1915, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) ....yrs. 12 mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis, Mitral Acute Dilatation of heart

(Duration) ....yrs. ....mos. 10 ds.

(Signed) J. M. DeLevette M. D.

Feb. 7, 191.5 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb 9, 1915

UNDERTAKER, Williams Cook

ADDRESS 507 E. North Ave

C82595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82595

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1106 Cathedral ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Sherman Price

(Residence in Baltimore: No. 1106 Cathedral St.; yrs., 80 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Sept. (Month) 27th (Day), 1821 (Year)

7-AGE, 93 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thos. Smith Price

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mallory

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian R. Roberts

(Address) 1106 Cathedral

15- FEB - 8 1915 ROBERT J. KRAUTER Burial Permit Clerk

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
(old age)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia
(Duration) 1 yrs. 1 mos. 25 ds.

(Signed) Moses W. Savage, M. D.
(Coroner.)

Feb. 8, 191.5 (Address) 1 E. 29 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	Feb. 9, 1915
20-UNDERTAKER	ADDRESS
J. H. Deah & Co.	917 N. Fremont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82596

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1320 Druid Hill Ave. WARD 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Elizabeth Murphy

(Residence in Baltimore: No. 1320 Druid Hill Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan 11, 1846 (Month) (Day) (Year)

7-AGE: 69 yrs. — mos. 26 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Montgomery Co Md

PARENTS

10-NAME OF FATHER: Enoch Berry Howard

11-BIRTHPLACE OF FATHER (State or country): Montgomery Co Md

12-MAIDEN NAME OF MOTHER: Martha Elizabeth Howard

13-BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan Purdy (Daughter)

(Address) 1320 Druid Hill Ave

15- FEB - 8 1915 191 ROBERT J. ARNOLD, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 6th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18th, 1914, to Jan 6th, 1915, that I saw h.. alive on Jan 5th, 1915, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplectic)

Comatose 16 days

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory Arteria Sclerosis

(SECONDARY) Unknown (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. Winsey M. D.

Feb 8th, 1915 (Address) 1230 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 9 1915

20-UNDERTAKER: John A. Bixby — ADDRESS: 107 N. Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82597 — 1 — C82597

PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1609 McElderry ST. 7 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Mrs K Mason

(Residence in Baltimore: No. 1609 McElderry St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (*Write the word*): Married

6. DATE OF BIRTH: July 6th, 1862 (Month) (Day) (Year)

7. AGE: 52 yrs. 7 mos. 1 ds. — If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Wage Earner
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Ste Marys, Co Md

PARENTS

10. NAME OF FATHER: Henry Mason

11. BIRTHPLACE OF FATHER (State or country): Ste Marys Co Md

12. MAIDEN NAME OF MOTHER: Elizabeth Gough

13. BIRTHPLACE OF MOTHER (State or country): Ste Marys Co Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herbert Mason (Son)

(Address) 1609 McElderry St

15. Filed FEB - 9 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 7th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1915, to Feb 7th 1915, that I saw him alive on Feb 7th, 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ... yrs. ... mos. 17 ds

Contributory (SECONDARY): none known

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. Winsey M. D.

..., 191... (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cedarcroft Cemetery — DATE OF BURIAL: Feb 10, 1915

20. UNDERTAKER: Felix B. Fyfe — ADDRESS: 102 E Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82598 HEALTH DEPARTMENT—CITY OF BALTIMORE

C82598

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. 129 N Amity St.; —yrs., 30 mos. 6 dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 8 (Month) 23 (Day) 1884 (Year)

7-AGE, 30 yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lena Burns

13-BIRTHPLACE OF MOTHER (State or Country), Catonsville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Joanes

(Address) 129 N Amity St

15- Filed FEB - 9 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 23rd 1915, to Feby 6— 1915, that I saw him alive on Feby 5th 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchitis

(Duration) —yrs. 1 mos. —ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) C. H. Barker M. D.

....., 191... (Address) 1403 Watson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Feb 10 1915

20-UNDERTAKER Willett Bros. — ADDRESS 414 N. Mount St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82599

CERTIFICATE OF DEATH.

28

C82599

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 488 Brunswick ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Schafer

(Residence in Baltimore: No. 488 Brunswick St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 4 (Day), 1864 (Year)

7-AGE, 51 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Uhl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carlin Fisher

(Address) 488 Brunswick St.

15- FEB - 9 1915

Filed ....., 191.. Burial Permit Clerk

Registrar.

CAUSE OF DEATH must be filled in plainly and completely. Use no abbreviations or unknown terms. Name of disease alone is insufficient. Indefinite statements are unsatisfactory and may necessitate the holding of an inquest. Be particular and answer each question. If there was a contributory cause, it is important that it should be reported. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, to Feb. 6 1915, that I saw her alive on Feb. 5 1915, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage (Pulmonary)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) one yrs. ....mos. ....ds.

(Signed) M. G. Smith M. D.

Feb 8, 1915. (Address) 118 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lawson Park — DATE OF BURIAL, Feb 9, 1915

20-UNDERTAKER N S Fink — ADDRESS 1921 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

C8:2600 C8:2600

HEALTH DEPARTMENT—CITY OF BALTIMORE 40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ralphs Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia French

(Residence in Baltimore: No. 402 S Eden St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 6 (Month), (Day), 1855 (Year)

7-AGE, 60 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Rock

(Address) 136 N Stricker St

15- FEB - 9 1915 HARRY O. ANDREWS, Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to Feb 7 1915, that I saw her alive on Feb 6 1915, and that death occurred, on the date stated above, at 6:15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder & Liver Exploratory Laparotomy

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary): Cachexia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm R. Quaggle M. D.

Feb 7..., 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds. do not know

Where was disease contracted, if not at place of death? at Home

Former or usual residence 402 S Eden St

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross

DATE OF BURIAL, Feb 10, 1915

20-UNDERTAKER John A Moran

ADDRESS Conk Ann St.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82601

HEALTH DEPARTMENT—CITY OF BALTIMORE

1710 C82601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Whatcoat ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Thornton.

(Residence in Baltimore: No. 1106 Whatcat St.; 36 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 25 (Day), 1863 (Year)

7-AGE, 51 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jas Lincoln

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Ringgold

(Address) 803 Presstman St.

15-

Filed FEB - 9 1915, 191..... BASIL O. AUGHEY, Registrar.

Burial Permit Given

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1914, to Feb 7 1915, that I saw h[illegible] alive on Feb 7 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Nephritis (Duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Gastritis

..... (Duration) yrs. One mos. ..... ds.

(Signed) ..... M. D.

Feb 8, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Feb 9, 1915
20-UNDERTAKER	ADDRESS
James H Dennis	803 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C82602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 24 C82602

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Adams

(Residence in Baltimore: No. Colgate, Md. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH, Feb 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Columbus Adams

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Susabelle Johnson

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Rhelps

(Address) Johns Hopkins Hosp.

15- Filed FEB - 9 1915, 191.... Henry O. Andrae Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1915, to Feb. 7, 1915, that I saw h[illegible] alive on Feb. 7, 1916, and that death occurred, on the date stated above, at 7 4/8 p.m.

The CAUSE OF DEATH* was as follows:

.....Tuberculosis.....
.....(Pneumonia)
..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza
..... (Duration).....yrs.....mos.....ds.

(Signed) J. A. Batten M. D.

Feb. 8., 191.5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Colgate, Md

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, Feb 9, 191.5

20-UNDERTAKER Robert A Elliot — ADDRESS 506 East

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82693 C82603

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1454 William ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ann Lamar

(Residence in Baltimore: No. 1454 William St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, May (Month) 1 (Day), 1833 (Year)

7-AGE 81 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Works
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Dorchester Co Md

PARENTS.

10-NAME OF FATHER, Wm Seward

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER Ann Killmon

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Lamar Son

(Address) 812 Clarson St

15- FEB - 9 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1911, to Feby 8 1915, that I saw her alive on Feby 8 1915, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (old age)

(Duration) 1 yrs. mos. ds.

(Signed) L. J. Burlington M. D.

D. S., 191. (Address) 102 E. Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Feb 10, 1915

20-UNDERTAKER Mrs. J. E. Evans & Son

ADDRESS 1428 Pratt

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82604 **CERTIFICATE OF DEATH.** 152 C82604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Eutaw Place St.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Handler.

(Residence in Baltimore: No. 1710 Eutaw Place St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White Hebrew

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Infant

6-DATE OF BIRTH, Feby (Month) 7 (Day), 1915 (Year)

7-AGE, ...yrs. ...mos. 1 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Lionel M. Handler

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rose Duke

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lionel M Handler

(Address) 1710 Eutaw Place

15- HARRY O. ANDREWS,

Filed FEB - 9 1915 Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 8 1915, to Feby 8 1915, that I saw her alive on Feby. 8 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Premature separation of Placenta due to injury - Cutting off of fetal circulation.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac decompensation failure.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Myer A. Wanlay M D.

Feby 9., 1915. (Address) 1514 N Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1710 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Feb 9., 1915

20-UNDERTAKER L Levinson & Bro — ADDRESS 1107 E Balto St

C82605

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 C82605

1 PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Sophie Thompson

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: Black — 5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Unknown ..... (Month) ..... (Day) ..... (Year)

7-AGE: About 85 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Joseph Thompson

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Thompson

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- FEB - 9 1915

Filed ..... 191 ..... BARRY O. ANDREWS, REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby 8 ..... (Month) ..... (Day) ..... 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Jan 31, 191 ..... to Feby 8 191 5, that I saw h. ~~Ex~~ alive on Feby 1 191 5, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

6 months (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY): No operation was possible. Exhaustion. Postmortem

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed) F A Dorsey M. D.

Feby 8 1915 [Address] 1133 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs — mos 7 ds. In the State Life ..... mos ..... ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Feb 10 191 5

20-UNDERTAKER: H C Weidefeld — ADDRESS: 914 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82606

151

CERTIFICATE OF DEATH.

C82606

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Wilson Agnew

(Residence in Baltimore: No. 1011 Wilcox St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 5 (Month) (Day), 1914 (Year)

7-AGE, yrs. 3 mos. 3 ds.

If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, King W. Agnew

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Shauna L. Ormond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) King W. Agnew

(Address) 1011 Wilcox St.

15- MARY C. ANDREWS, Burial Permit Clerk.

Filed FEB - 9 1915, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Feb 8 1915, that I saw h alive on 191, and that death occurred, on the date stated above, at 6.50 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

Duration about 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) John G. Owens M.D.

Feb 8. 1915 (Address) 5 E. Fairmount Ave & Potomac St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Feb. 9, 1915

20-UNDERTAKER N. C. Wadefield

ADDRESS 707 Hanover St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82607

CERTIFICATE OF DEATH.

28 C82607

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 E. Oliver St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Schoene

(Residence in Baltimore: No. 2600 E. Oliver St., St.; ...yrs.,...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 1, 1880 (Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 6 ds.

If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Schoene

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary C. Stofelbauer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline J. Stevens

(Address) 2600 E. Oliver St.,

15- FEB - 9 1915 HARRY O. ANDREWS,

Filed ..... 191... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1915 to February 7, 1915, that I saw h alive on Feb. 7, 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ... yrs. mos. 10 ds.

(Signed) John H. Schoene M. D.

191... (Address) 1407 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jerusalem — DATE OF BURIAL, Feb. 10, 1915

20-UNDERTAKER H. C. Strickfaden — ADDRESS 701 Gunnell

Important. See instructions on back of certificate.

Dr Frances 1407 Gay St

C82608

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82608

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 10 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Cummings

(Residence in Baltimore: No. Little Sisters of the Poor St.; 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widower

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE 66 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Thomas Cummings

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Margret Fanahan

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. Benedict

(Address) Little Sisters of the Poor

15- FEB - 9 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 8 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, no record 191...,
that I saw h... alive on Feby 7 1915,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia
Martin Cummings

3 days (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. O'Donnell M. D.

Feb 8 1915 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 5 yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Mount Maria Towson DATE OF BURIAL Feb 10 1915

20-UNDERTAKER K. C. Wade & Sons ADDRESS 914 Gremmit Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C82609

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 229 E. North Ave ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Hoddinott

(Residence in Baltimore: No. 229 E. North Ave St; yrs., 4th mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 8 (Day), 1869 (Year)

7-AGE, 45 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Life Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Elisha Hoddinott

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabel D. Hoddinott

(Address) 229 E. North Ave

15-
FEB - 9 1915
Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 8th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia - due to Chron. Bright's

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter M. Savage M. D.
(Coroner.)

Feby 8, 191 5 (Address) 1729 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Feb. 10, 1915

20-UNDERTAKER H. C. Friedfeld

ADDRESS 914 Gramm Ave

I.C.D. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82610

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82610

CERTIFICATE OF DEATH

94

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 141 W. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Moulton

(Residence in Baltimore: No. 141 W. Washington St.; 27 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Feb 2, 1870 (Month) (Day) (Year)

7-AGE 45 yrs. — mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER John Friedrich

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Moulton

(Address) 141 W. Washington

15. Filed FEB - 9 1915 BASIL O. AVIRETT REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 / 10½ P.M. 1915, to Feb 7 11 P.M. 1915, that I saw h.... alive on Feb 7 / 1915, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Congestion
Oedema

(Duration) ..... yrs. ..... mos. 3½ hrs ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. ½ hr. ds.

(Signed) H E Borden M. D.

Feb 8, 1915 (Address) 1002 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL Feb 9, 1915

20-UNDERTAKER Wendell Lippold & Son — ADDRESS 37d Lanvale

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-13-13—M. & T.—500 Bks.

C82611

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82611

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Frederick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G Waake

(Residence in Baltimore: No. 3429 Frederick Ave St.; — yrs.. — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, August 11, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Waake

(Address) 3429 Frederick Ave

15-

Filed FEB - 9 1915, 191. BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1914, to Feb 6 1915, that I saw h— alive on Feb 6 1915, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

Feb 8, 1915 (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 10th 1915

20-UNDERTAKER Charles H. Gill. ADDRESS 3109 Frederick Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82612

CERTIFICATE OF DEATH.

79 C82612

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3240 Stafford ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M Bauer

(Residence in Baltimore: No. 3240 Stafford St St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 24, 1844
(Month) (Day) (Year)

7-AGE, 70 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Hofmeister

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E Hechmer

(Address) 3240 Stafford St

15- FEB - 9 1915 CHAS. O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 8 1915, that I saw her alive on Feb 7 1915, and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Acut Myocardial Insufficiency

(Duration) ...yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Disease

(Duration) 5 yrs. ...mos. ...ds.

(Signed) Howard W Jones M. D.

Feb 8, 1915. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
London Park Cem.	Feb. 10th, 1915
20-UNDERTAKER, Charles W. Gill.	ADDRESS 3179 Frederick Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C82613

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C82613

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Hickory Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie V. Ruff

Residence in Baltimore: No. 4001 Hickory Ave.

St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) I (Day), 1884 (Year)

7-AGE, 30 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Canoles

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Jennie Naylor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar M. Ruff

(Address) 4001 Hickory Ave.

15-

Filed FEB-9 1915, 191.... Harry O. Andrews, Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1914, to July 8 1915; that I saw h[illegible] alive on July 8 1915; and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 3 mos. 8 ds.

CONTRIBUTORY (Secondary) myocarditis

(Duration) yrs. mos. 3 ds.

(Signed) D. Bullard M. D.

July 8, 1915. (Address) 865 N. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL. Feb. 10 1915

20-UNDERTAKER A.S.Marshall

ADDRESS 3539 Falls Road

C82614

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82614

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W Hamburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olive L. Conway

(Residence in Baltimore: No. 118 W Hamburg St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug (Month) 18 (Day) 1893 (Year)

7-AGE: 21 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Walter Conway

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Clara M Farrar

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Conway

(Address) 118 W Hamburg

15-
Filed FEB - 9 1915, 191.... ROBERT O. ARMSTRONG, Registrar of Vital Statistics
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 9 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1, 1914, to, Feb 9 1915, that I saw h.. alive on Feb 8 1915, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 0 yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), J. Hollingshead M. D.

Feb 9 1915 [Address] 3100 Hanford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 12 1915

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E Hoath Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

C82615

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82615

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S Ellwood Ave., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M Niemeyer

(Residence in Baltimore: No. 611 S Ellwood Ave St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Femal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 17 Th, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Pfeifer

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Annie Weigand

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis H Niemeyer

(Address) 611 S Ellwood Ave

15- FEB - 9 1915 BOARD OF HEALTH

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1914, to Jan 8 1915, that I saw h[illegible] alive on Jan 8 1915, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) 1 yrs. mos. ds.

(Signed) J W Sherman M. D.

Jan 8, 1915. (Address) 330 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Jan 11, 1915.

20-UNDERTAKER Robt J Turner

ADDRESS 1442 W Baltimore

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82616

CERTIFICATE OF DEATH.

91 C82616

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Bethel ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Patterson St

(Residence in Baltimore: No. 424 Bethel St.; ....yrs.....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	Single

6-DATE OF BIRTH, Oct 1, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Fred Patterson

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Josephine Gasaway

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Gasaway

(Address) 424 N Bethel St

15- Filed FEB - 9 1915, 191.. ROBERT L. BRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Feb 8 1915, that I saw h. alive on Feb 8 1915, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Bronchus - Pneumonia

one week (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

one day (Duration) ....yrs. 1 mos. ....ds.

(Signed) H. Lloyd Dietrich M. D.

Feb 8, 1915 (Address) 1617 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 10th, 1915
20-UNDERTAKER	ADDRESS
Chas. G Bailey	147 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82617 **CERTIFICATE OF DEATH.** 164 C82617

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Broadway ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Basiliadis

(Residence in Baltimore: No. 1722 Thames Temporary (2 days) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Not known

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, 28 yrs. mon. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): S/S Tranquill

9-BIRTHPLACE, (State or Country), Not known Brought to U.S. Greece

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB - 9 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning – Accidental.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) David W. Jones M. D. (Coroner.)

Feb. 8, 1915. (Address) David W. Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	FEB 9 – 1915, 19..
20-UNDERTAKER Commissioner Health.	ADDRESS

Morgue.

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

C82618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9V C82618

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Rosa Johnson

(Residence in Baltimore: No. 321 S Washington St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 4th (Day), 1850 (Year)

7-AGE, 64 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Steil

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Dobee

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Johnston

(Address) 521 S. Washington St

15-FEB - 9 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1915, to Feb. 6th 1915, that I saw h[illegible] alive on Feb. 6th 1915, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Herman J. Siems, M. D.

Feb. 8th, 1915. (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb. 10th, 1915
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Mayo St

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82619

CERTIFICATE OF DEATH.

64 C82619

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Collington Ave ST.; WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard J. Strickfaden

(Residence in Baltimore: No. 809 N. Collington Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 13 (Day), 1840 (Year)

7-AGE, 74 yrs. 9 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Reisterstown Balto Co

PARENTS.

10-NAME OF FATHER, Joseph Strickfaden

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Strickfaden

(Address) 809 N. Collington Ave

15- FEB - 9 1915 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 18 1915, to Feb 6 1915, that I saw him alive on Feb. 6 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(Duration) yrs. mos. 7 ds.

(Signed) W. F. Roane M. D.

Yr. 6 (Address) 2008 Bleecker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 10, 1915

20-UNDERTAKER Lilly & Zeller — ADDRESS 402 S. Wolfe St

important. See instructions on back of certificate.

C82620

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82620

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 242 S. Wolfe ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Hurley

(Residence in Baltimore: No. 242 S. Wolfe St. St.: yrs. 71 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widowed

6-DATE OF BIRTH, December 3rd, 1863.
(Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rokess

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Johanna Last name not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Desell

(Address) 242 S. Wolfe St

15-Filed FEB - 9 1915, 191.. ROBERT , EBAUER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs.....mos.....ds.

(Signed) David W. Jones M. D.
(Coroner.)

Feby 8, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Feb 10, 1915
20-UNDERTAKER Lilly & Sons	ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~18621~~ 91 C82621

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Fleet St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Long

(Residence in Baltimore: No. 2414 Fleet St St.; yrs. 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: June (Month) 26th (Day) 1914 (Year)

7-AGE: yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Conrad Long

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Margaret Brumley

13-BIRTHPLACE OF MOTHER (State or country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Conrad Long

(Address) 2414 Fleet St.

15- FEB - 9 1915 ROBERT . KRAUTER,
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1915, to, Feb 9th 1915, that I saw him alive on Feb 9th 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Right Heart.

(Duration) ... yrs. ... mos. 1/2 hour ds.

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) — yrs — mos. 3 ds.

(Signed) J. Albert Miller M. D.

Feb. 9th, 1915 [Address] 2723 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb. 11 191 5

20-UNDERTAKER: Lilly & Zeller

ADDRESS: 403 S. Wolfe St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82622

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore (No. 419 S Ellington St. 1 Ward)

2 FULL NAME Alois Kuspert (Kuspert)

(Residence in Baltimore: No. 419 S. Ellington ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: January 3, 1843 (Month) (Day) (Year)

7 AGE: 72 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maria A. Kuspert

(Address) 419 S. Ellington ave

Filed FEB - 9 1915 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 30 1914, to Feb 6, 1915, that I saw him alive on February 6, 1915, and that death occurred, on the date stated above, at 3 20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage.

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Hypertrophy of Heart and Bright's Disease

(Duration) yrs.

(Signed) Theo F. Bames M. D.

, 191 (Address) 102 S N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 10, 1915

20 UNDERTAKER: Lilly & Zuler — ADDRESS: 4035 Wolfe St

C82623

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 C82623

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3505 Chestnut Ave ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Ortloff

(Residence in Baltimore: No. 3505 Chestnut Ave St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April (Month) 3 (Day) 1836 (Year)

7-AGE: 78 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Geo. W. Sherwood

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary N Wells

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph E Ickes

(Address) 3505 Chestnut ave

15. Filed FEB - 9 1915 ROBERT J. BRAUER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 8th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 2nd, 1915, to February 7th, 1915, that I saw h[illegible] alive on February 7th, 1915, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Downes M. D.

Feb 8th, 1915 (Address) 800 W 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Bolton Cemetery — DATE OF BURIAL: Feb 10, 1915

20-UNDERTAKER: Ehrenwerth & Son — ADDRESS: 3617 Chestnut ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 5 C82624

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Murray

(Residence in Baltimore: No. 13 E Lafayette Ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 29 (Day), 1844 (Year)

7-AGE, 70 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. C. Gibson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla C. Bolles

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Gibson

(Address) 709 Calvert

15- Filed FEB - 9 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of base of Skull and compression of brain, the result of accidentally being struck by a motor truck.

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Moses M. Sauer, M. D. (Coroner.)

Feby 9, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? On Street in front of Monument

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Christ Church West River. DATE OF BURIAL, Feb. 10, 1915

20-UNDERTAKER Henry H. Jenkins & Sons Co ADDRESS Orchard & McCulloh Sts

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82625 151 C82625

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Fountain ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Pawlowicz (Pawlowicz)

(Residence in Baltimore: No. 2042 Fountain St.; ...yrs., ...mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January 25, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Andrew Pawlowicz,

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland,

12-MAIDEN NAME OF MOTHER Pauline Slawinska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Pawlowicz

(Address) 2042 Fountain St.

15-
Filed FEB 10 1915, 191.. HARRY O. ANDERSON, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1915, to Feb 9 1915; that I saw h— alive on " 9 1915; and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 1/ ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. F. Valentine M. D.

Feb 9, 1915. (Address) 104 Bowley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Feby. 10, 1915.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann St.

Spec.—5-19-13—M. & T.—500 Blks.

C82626 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 C82626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 S. Wolf ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Helinska

(Residence in Baltimore: No. 918 S. Wolf St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November (Month) ..., 1826 (Day) (Year)

7-AGE, 89 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Austria Poland

PARENTS.

10-NAME OF FATHER, John Rudnizki

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Zofia Kozlowska

(Address) 918 S. Wolf St.

15- Filed FEB 10 191 , 191 Registrar.

HARRY J. ANDREWS, Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 9 1915, to February 9 1915, that I saw h[er] alive on February 9 1915, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

No Operation
No Autopsy
Scirrhous Cancer of the Stomach (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Scirrhous Anemia (Duration) yrs. 3 mos. ds.

(Signed) S. J. Sinalski M. D.

February 9, 1915. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Feby. 11, 1915.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann St.

(over)

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82627

CERTIFICATE OF DEATH

89 C82627

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 S. Paca ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Branislowa Mankowitch

(Residence in Baltimore: No. 437 S. Paca St.; —yrs. —mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 2 (Day), 1915 (Year)

7-AGE: ....yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Victor Mankevitch

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Monica Simanavitz

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victor Mankevitch

(Address) 437 S. Paca St.

15-
Filed FEB 10 1915 HARRY O. ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 9 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1915, to Feb. 9 1915, that I saw her alive on Feb. 9 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) X yrs X mos. 4 ds.

Contributory (SECONDARY) Acute Hepatitis

(Duration) X yrs X mos. 4 ds.

(Signed) H. Stradowsky M. D.

Feb. 9, 1915 [Address] 619 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 437 S. Paca St.

19-PLACE OF BURIAL OR REMOVAL: St. Stanislowas — DATE OF BURIAL: Feb 10, 1915

20-UNDERTAKER: John Yeblinskas — ADDRESS: 620 S. Paca St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82628 HEALTH DEPARTMENT—CITY OF BALTIMORE C82628

CERTIFICATE OF DEATH.

X 180

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas W Guilfoy

(Residence in Baltimore: No. 5238 Park Heights ave (Bulls C) St.) — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. Unknown (Month), 1 (Day), ... (Year)

7-AGE. 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tinner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Thomas Guilfoy

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Sarah Boyle

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Joseph Hospital

(Address) 5238 Park Heights Ave

15- Filed FEB 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1915, to Feb 10 1915, that I saw him alive on Feb 10 1915, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Lobular Interstitial Pneumonia

(Duration) About 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) About 7 mos. ..... ds.

(Signed) W. J. Warner M. D.

Feb 10, 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 5238 Park Heights ave

Former or usual residence 5238 Park Heights ave.

19-PLACE OF BURIAL, OR REMOVAL. Druid Ridge Cem DATE OF BURIAL, Feb 13, 1915.

20-UNDERTAKER Martin Fahey & Sons ADDRESS 606 Lafayette St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82629 151 C82629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1532 Thames Str

CITY OF BALTIMORE: (No. 1532 Thames Str. WARD) 3 (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C

2-FULL NAME Frank Mostwik

(Residence in Baltimore: No. 1532 Thames St St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 3, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Frank Mostwick

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Jadwiga Sacka

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Mostwick

(Address) 1532 Thames St

15- FEB 10 1915 HARRY C. ARCHER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1915, to Feb 8 1915, that I saw him alive on Feb. 7 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Probable premature birth.)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hydrocephaloid

(Duration) ....yrs. ....mos. ....ds.

(Signed) Leon S. Hanta M. D.

Feb. 8, 1915. (Address) 2705 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem

DATE OF BURIAL, Feb. 9, 1915.

20-UNDERTAKER, Stephen J. Galkowski

ADDRESS 1027 S. Kenwood Ave.

important. See instructions on back of certificate.

C82630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82630

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 869 Watts St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Comish

(Residence in Baltimore: No. 869 Watts St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Feb. 8, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Servant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Peter Camphor

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Anna Bright

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Comish

(Address) 869 Watts St.

15- Filed FEB 10 1915, 191.. HARRY O. ARDREY, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry C. Myers M. D. (Coroner)

2-9, 1915 (Address) 3642 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Cemetery — DATE OF BURIAL, Feb 11th, 1915

20-UNDERTAKER Chas B Bailey — ADDRESS Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2pcc.—5-19-12—M. & T.—500 Blks.

C82631

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

C82631

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Fremont Ave St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lang

(Residence in Baltimore: No. 614 S. Fremont Ave St.; 46 yrs. — mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan. 17, 1869 (Month) (Day) (Year)

7-AGE: 46 yrs. ..... mos. 23 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Adam Langgatt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Haas

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Haas

(Address): 614 S. Fremont Ave.

15- FEB 10 1915 HARRY O. ANDREWS Burial Permit Clerk

Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 9, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1915, to Feb. 9, 1915, that I saw her alive on Feb. 9, 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

No operation

Duration one yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb. 10, 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feb. 12, 1915.

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Baltimore St.

DEATH CERTIFICATE must be filled out in all particulars. Information important. See instructions on back of certificate.

C82632

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 C82632

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3176 Walkers Ave ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margret Kraly

(Residence in Baltimore: No. 3176 Walkers Ave St.: 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Sept (Month) 15 (Day), 1832 (Year)

7-AGE: 82 yrs. 4 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: John Curran

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Anne Taggart

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Margret Peasch

(Address) 3176 Walkers Ave

15- Filed FEB 10 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1915, to, Feb 8 1915, that I saw h[illegible] alive on Feb. 8, 1915, and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis - Arteriosclerosis

(Duration) ? yrs. mos. ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) yrs. mos. ds.

(Signed) Raymond King Nicholson M. D.

Feb 9, 1915 (Address) 835 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 11 1915

20-UNDERTAKER: Joseph B Cook | ADDRESS: 1003 W Balto St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82633

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. C 82633

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1601 Linden Ave St. 14 92 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wyckliffe Claggett

(Residence in Baltimore: No. 1601 Linden ave St.: —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 14 (Day), 1841 (Year)

7-AGE: 73 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or —min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Prince William Co (Dumfries) Va

PARENTS

10-NAME OF FATHER: Charles Columbia Claggett

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Emily Kinchelor

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. J. Claggett

(Address) 1601 Linden ave

15 FEB 10 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1915, to Feb 9 1915, that I saw h/m. alive on Feb 8, 11 Pm, 1915, and that death occurred, on the date stated above, at 5.30a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds

Contributory (SECONDARY)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John C Kinsolving M. D.

Feb. 9, 1915 (Address) 1025 Mad ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 11, 1915

20-UNDERTAKER: Wm J Luckens Sons — ADDRESS: Baltimore Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82634 C82634

CERTIFICATE OF DEATH

41

REGISTERED No. C

1-PLACE OF DEATH Mt Vernon & Washington Place

CITY OF BALTIMORE: (No. Washington Apts ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dorman Gill

(Residence in Baltimore: No. Washington Apts St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 15 (Day) 1867 (Year)

7-AGE, 47 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm D Gill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Isabelle Gill

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Wm G Scarlett

(Address) Baltimore

15-

Filed FEB 10 1915, 191.... HARRY O ANDREWS Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...2.... (Month) ....7.... (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 9 1915, that I saw h.. alive on Feb 9 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ..1.. yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) ..2.. yrs. ....mos. ....ds.

(Signed) Wm. D. Howard M. D.

Feb 10, 1915. (Address) 1647 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park City — DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 101 W North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82635

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82635

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH Mt Vernon Place & Cathedral St REGISTERED NO. C

CITY OF BALTIMORE: (No. Severn Apts ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia L. Munich

(Residence in Baltimore: No. Severn Apts St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 6 (Day), 1852 (Year)

7-AGE, 62 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, Ezekiel Smith

11-BIRTHPLACE OF FATHER (State or Country), Rhode Island

12-MAIDEN NAME OF MOTHER Amanda M. Thatcher

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H Munich

(Address) Severn apts.

15-

Filed FEB 10 1915 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 17th of April 1914, to Feb. 9th 1915, that I saw her alive on Feb. 9th 1915, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Caseous

Duration (Duration) yrs. 9 mos. 23 ds.

CONTRIBUTORY (Secondary)

None (Duration) yrs. mos. ds.

(Signed) W. V. Mark M. D.

Feb. 9th, 1915. (Address) 823 Hamilton Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa. DATE OF BURIAL, Feby. 12th, 1915

20-UNDERTAKER Stewart & Mowen Co ADDRESS 108 W. North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C82636 HEALTH DEPARTMENT—CITY OF BALTIMORE C82636

CERTIFICATE OF DEATH.

6 × 39

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Grady

(Residence in Baltimore: No. Church Home Infy. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 11 (Day), 1861 (Year)

7-AGE, 53 yrs. 11 mos. ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Salem N. Y.

PARENTS.

10-NAME OF FATHER, Michael Grady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Mahoney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary E. Grady

(Address). Salem, N.Y.

15-

Filed FEB 10 1915 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1914, to Feb 10 1915, that I saw h[illegible] alive on Feb 10 1915, and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver Lib.
No Operation
PMC
MC

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Davis Reichard M. D.

Feb 10, 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 13 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Salem N.Y.

Former or usual residence Salem N.Y.

19-PLACE OF BURIAL OR REMOVAL, Salem N.Y. DATE OF BURIAL, Feb 11, 1915

20-UNDERTAKER H. E. Hughes ADDRESS 17 S. Broadway

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82637

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C82637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2571 E. Oliver ST.; 8th WARD)

2-FULL NAME Mrs Wittgreff

(Residence in Baltimore: No. 2571 E. Oliver St.; ... yrs., ... mos. 1 ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Feb. (Month) 9 (Day), 1915 (Year)

7-AGE, ... yrs. ... mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, [redacted] dont know

11-BIRTHPLACE OF FATHER (State or Country), dont know

12-MAIDEN NAME OF MOTHER, Mary Wittgreff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Schwatka M.D.

(Address) 827 W. North Ave

15-

Filed FEB 10 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10th (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1915, to Feb 10 1915, that I saw her alive on Feb. 9th 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

I have no means of knowing whether this was induced or not

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Schwatka M. D.

Feb. 10 1915 (Address) 827 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Feb. 10th, 1915

20-UNDERTAKER Hpr Mrs John W. Teufel

ADDRESS 801 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C82638 HEALTH DEPARTMENT—CITY OF BALTIMORE 120 C82638

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Ann Ave ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Birdie Brown

(Residence in Baltimore: No. 610 S. Ann Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) ? (Day) ? (Year)

7-AGE, 33 ? ? yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Cook

(Address) 2021 Kennedy Ave

15- FEB 10 1915 Filed ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1915, to Feb 8th 1915, that I saw h-d alive on Feb 8th 1915, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Murgatroyd M.D. M. D.

Feb 8th, 1915. (Address) 2337 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem DATE OF BURIAL. Feb 11, 1915

20-UNDERTAKER William Cook ADDRESS 717 E. N. Ave

C82639

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 82639

CITY OF BALTIMORE: (No. 1512 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordelia Ann Morris Hyman Baltimore

(Residence in Baltimore: No. 1512 Division St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Col.	Widow

6-DATE OF BIRTH: February 7, 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. mos. 1 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Archie Johnson

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Cordelia Ann Johnson

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Dennis

(Address) 1363 Preston

15- Filed FEB 10 1915 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1, 1914, to, Febr, 8, 1915, that I saw h.r alive on February 8, 1915, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs 3 mos 1 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) Wm. H. Wagner M. D.

Feb 8, 1915 [Address] 309 Hosteman

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 11 1915

20-UNDERTAKER	ADDRESS
James H. Dennis	1363 Preston

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82640

CERTIFICATE OF DEATH.

17 C82640

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 796 Waverhill ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Norton

(Residence in Baltimore: No. 796 Waverhill St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... 1861 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Domestic

9-BIRTHPLACE, (State or Country), U.S.

PARENTS.

10-NAME OF FATHER, David Bird

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Ada Bird

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Bessie Norton

(Address) ..... 1213 Carlton St.

15- Filed FEB 10 1915 ROBERT J. KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 ..... 10 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/8 1915, to 2/10 1915, that I saw h[illegible] alive on 2/8 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia (Apoplexy)

..... (Duration) ..... yrs. 1 ..... mos. ..... ds.

(Signed) ..... A. Lee Ellis ..... M. D.

2/10, 1915, (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER John A. Bright — ADDRESS 417 E Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C82641

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor A. Wright

(Residence in Baltimore: No. 1517 E. Biddle st St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 61 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Wright

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Sarah A. Bozerman

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank P. Murphy

(Address) 2527 N. Charles St

15- FEB 10 1915 ROBERT J. BRAUTIGAM Filed..... 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 9, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 191, to Feb 9 1915, that I saw him alive on Feb 9 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Locomotor Intestinal Neurasthenia.

(Duration) about 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) about 10 yrs. ... mos. ... ds.

(Signed) H. H. Warner M. D.

Feb. 9, 1915. (Address) St. Joseph's Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1517 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md. DATE OF BURIAL, Feb 11., 1915.

20-UNDERTAKER Chas. L. Evans & Son ADDRESS 118 W. Mt. Royal Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82642

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

C82642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 Reese St. ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Bundy

(Residence in Baltimore: No. 2843 Reese St. St.; ....yrs.,.... mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Nov 7th, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Bundy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Tresia Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Father Thomas Bundy
(Address) 2843 Reese St Waverly

15- FEB 10 1915 ROBERT F. ERCOLE
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1915, to Feb 8th 1915, that I saw h.. alive on Feb 5th 1915, and that death occurred, on the date stated above, at 5:20 A.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY. (Secondary) Diarrhoea Enteritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Kungstroth M.D. M. D.

Feb 9th 1915. (Address) 2337 Frammon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Feb 11, 1915

20-UNDERTAKER R A Elliott — ADDRESS 506 Rogers Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 blks.

C82643

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82643

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 W. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Plater

(Residence in Baltimore: No. 1137 W. Saratoga St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Plater

(Address) 1137 W. Saratoga St

15- Filed FEB 10 1915 191.. ROBERT F. KRAUSER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 8 1915, that I saw her alive on Feb 8 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis Pneumonia
asthma Heart
(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Heart
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. W. Kenyaras M. D.

Feb 9 1915. (Address) 708 Essex Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cem	Feb 11, 1915
20-UNDERTAKER	ADDRESS
John H Teadem	442 W Pratt St

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82644 — 28 — C82644

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 East Chase St.; 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Foos

(Residence in Baltimore: No. 829 East Chase St.; 44 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 8, 1870 (Month), (Day), 1 (Year)

7-AGE: 44 yrs. 8 mos. 2 ds. | If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Thos. E. Foos

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Jane Smith

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Thos. E. Foos

(Address): 829 East Chase Street

15- Filed FEB 10 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 10 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1914, to Feb. 10 1915, that I saw her alive on June 30 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed) Edward Beck M. D.

191... [Address] 9365 Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/13 191 5

20-UNDERTAKER: Henry W. Means & Son

ADDRESS: 1057 N. Calvert St.

U. S. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82645

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82645

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Carroll ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Conner

(Residence in Baltimore: No. 1420 Carroll St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the words) Single

6-DATE OF BIRTH, Jan (Month) 28 (Day), 1914 (Year)

7-AGE, ...yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jas Conner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Sophia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Conner

(Address) 1420 Carroll St

15-

Filed FEB 11 1915, 191.... HARRY O. ANDREWS, BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9th (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1915, to Feb 9th 1915, that I saw h er alive on Feb 8th 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F Kolb M. D.

Feb 9th, 1915. (Address) 1420 Carroll St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Elmwood Cemetery	Feb 11, 1915
20-UNDERTAKER Wm H Hooper	ADDRESS Fulton Ave

Important. See instructions on back of certificate.

C82646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C82646

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Oliver
(Residence in Baltimore: No. 369 W. Preston St.; from birth yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1909 (Year)

7-AGE, 5 yrs. 6 mos. 9 dys.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Augustus Oliver

11-BIRTHPLACE OF FATHER (State or Country) North Carolina

12-MAIDEN NAME OF MOTHER Lockley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....

(Address) 369 W. Preston St.

15-

Filed FEB 11 1915 HARRY O. ANDREWS, Registrar. by Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of base of Skull and Compression of brain - the result of being struck accidentally by an automobile

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Myers M. Savage M. D.
(Coroner)
Feby 10, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 hour In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?
Accident on Preston near Bolton St.

Former or usual residence 369 W. Preston

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Felix B. Pyle ADDRESS 102 E. Mulberry

Spec.—5-19-13—M. & T.—500 Bks.

C82647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C82647

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Gorman ave ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Tandte

(Residence in Baltimore: No. 7 Gorman ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1856 (Year)

7-AGE, 58 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Schmallbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Günther

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton C. Tandte

(Address) 7 Gorman ave

15-

FEB 11 1915

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1911 to Feb 6th 1915, that I saw her alive on Feb 6th 1915, and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Peck M. D.

Feb 10 1915. (Address) 936 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	Feb 12, 1915
20-UNDERTAKER	ADDRESS
F. C. Krause	703 Hanover

important. See instructions on back of certificate.

C82648

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

C82648

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 N. Potomac ST. 6 WARD)

2-FULL NAME Margaret Kemp

(Residence in Baltimore: No. 5 N. Potomac St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Mar. (Month) ..... (Day), 1849 (Year)

7-AGE: 65 yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ire

PARENTS

10-NAME OF FATHER: John Klein

11-BIRTHPLACE OF FATHER (State or country): Ire

12-MAIDEN NAME OF MOTHER: Catherine

13-BIRTHPLACE OF MOTHER (State or country): Ire

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Kemp

(Address) 5 N Potomac St

15. FEB 11 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1915, to Feb 9, 1915, that I saw her alive on Feb 9, 1915, and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Knox Insley M. D.

....., 191..... (Address) 2958 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb. 11, 1915

20-UNDERTAKER: Jno G Moran

ADDRESS: Baltimore St.

S.A.F.E. DARKROOM

Spec.—8-24-14—M. & T.—2000 Bks.

C82649 HEALTH DEPARTMENT—CITY OF BALTIMORE C82649

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Hopp.

(Residence in Baltimore: No. #105 N. Milton ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Feb 7th, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Christian Hopp

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ant Inon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie H. Hopp

(Address) 105 N. Milton ave

15- Filed FEB 11 1915 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1915, to Feb 8 1915, that I saw h-m alive on Feb 8 1915, and that death occurred, on the date stated above, at 4 8 m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Gangrenous Appendix

(Duration) ....yrs. ....mos. 8 ds.

(Signed) Wm R Geraghty M. D.

2/8, 1915. (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 105 N Milton Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 11th 1915
20-UNDERTAKER John A Moran	ADDRESS Bank & Amity

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82650

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Foster Ave St.; 1 WARD)

2-FULL NAME Wilhelmina C. Norwood

(Residence in Baltimore: No. 2408 Foster Ave St., 69 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Nov. (Month) 16th (Day), 1832 (Year)

7-AGE, 82 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Kolbus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Lentz

(Address) 2303 Foster Ave

15-

Filed FEB 11 1915, 191 Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to Feb 8 1915, that I saw h.r alive on Feb 8 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. 15 ds.

(Signed) C. E. Long M. D.

2/9, 1915. (Address) 2701 Eastend

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Feb. 11th, 1915.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleet St

Spec.—8-24-14—M. & T.—2000 Blks.

C82651 HEALTH DEPARTMENT—CITY OF BALTIMORE. 45 C82651

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Bond St.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kaminski

(Residence in Baltimore: No. 605 S. Bond St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 12 (Month), (Day), 1857. (Year)

7-AGE, 57 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Neuman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ida Neuman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Kaminski

(Address) 605 S Bond St

15- FEB 11 1915 Filed....., 191.... BARRY O. ANDREWS, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to Feb 9 1915, that I saw her alive on Feb 9 1915, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)
Mitral Regurg.
No Operation Probably Malignant
Metastasis
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) abdominal Tumor
(Duration) yrs. mos. ds.

(Signed) A. T. Pales M. D.

Feb 10, 1915. (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Feb 12, 1915.

20-UNDERTAKER Jacob Piatkowski — ADDRESS 428 S Bond

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82652

CERTIFICATE OF DEATH.

170 C82652

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 N Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bartels

(Residence in Baltimore: No. 840 N Patterson Park Ave St.; 67 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Widowed

6-DATE OF BIRTH, March (Month) 31 (Day), 1836 (Year)

7-AGE, 78 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Wentzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Wm. Bartels

(Address) 840 N Pat Pk Ave

15- Filed FEB 11 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

Check for important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 1915, to Feb 10 1915, that I saw her alive on February 9 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY. Senescence
(Secondary)

(Duration) — yrs. 1 mos. — ds.

(Signed) Emil Novak M. D.

Feb 12, 191.. (Address) 823 N Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Feb 13 191 5

20-UNDERTAKER Geo. W. Little ADDRESS 521 N Stricker St

C82653 HEALTH DEPARTMENT—CITY OF BALTIMORE C82653

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 710 Dover ST. 22 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bloudow

(Residence in Baltimore: No. 710 Dover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boot-black
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Daniel Bloudow

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Elizabeth Carpenter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Pitts

(Address) 1727 Eutaw ave

15- Filed FEB 11 1915, 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Jeffers M. D. (Coroner)

Feb 9, 1915 (Address) 413 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn et — DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER J. L. Brown & Son — ADDRESS 168 W. Monty St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82654

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82654

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 301 S. Mount ST.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabet Wright -

(Residence in Baltimore: No. 301 S. Mount St.: 1 yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 1 (Day), 1914 (Year)

7-AGE: 1 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Wright

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Mary Magie

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Wright

(Address) 843 Bond St

15. FEB 11 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1915, to, Feb 10 1915, that I saw h[illegible] alive on Feb 10, 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Faryngeal Diphtheria

..... (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Stacy M. D.

Feb 11, 1915 (Address) 729 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Feb 11, 1915

20-UNDERTAKER: Jos J Flanck — ADDRESS: 1003 W Balto

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4

Spec.—5-19-13—M. & T.—500 Bks.

C82655

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1915 C82655

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Columbia Ave; St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Knodt.

(Residence in Baltimore: No. 1101 Columbia Ave St.; 57 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Oct. (Month) 4 (Day), 1842 (Year)

7-AGE, 72 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Henry Ellick

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Eva

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Pauline

(Address) 1101 Columbia Ave.

15- Filed FEB 11 1915 101 HARRY O. ANDERSON Registrar.

Burial Permit Oleo

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1913, to Feb 9 1915, that I saw h.. alive on Feb 9 1915, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

CONTRIBUTORY (Secondary) Chr Int Nep (Duration) yrs. mos. 2 ds.

(Signed) John G. Schwensberg M. D. (Duration) 1 yrs. ..... mos. ..... ds.

Feb 9, 1915 (Address) 1120 W Baos St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb. 11, 1915.

20-UNDERTAKER Mrs Mrs John H. Teufel

ADDRESS 1801 W. Fayette St.

important. See instructions on back of certificate.

C82656 HEALTH DEPARTMENT—CITY OF BALTIMORE

172 C82656

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Louis Rossing

(Residence in Baltimore: No. 255 N. Monroe St.; yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 2nd (Day), 1882 (Year)

7-AGE, 32 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Chas. Rossing

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Kemper

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Rossing

(Address) 255 N. Monroe St.

15-FEB 11 1915 Filed....., 191.... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Base of Skull and Compression of Brain & result of accidental falling down Stairs (Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary).....
(Duration)..... yrs. mos. ds.

(Signed) H. Otis Mc Savage M. D. (Coroner)

Feby 9, 1915 (Address) 1724 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Approximately 5 hours

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
at 255 N. Monroe

Former or usual residence 255 N. Monroe

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb. 12th, 1915

20-UNDERTAKER Wm. Mrs John H. Teufel — ADDRESS 801 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82657

CERTIFICATE OF DEATH.

93 C82657

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 E. Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Hackney

(Residence in Baltimore: No. 1601 E. Biddle St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 14 (Day), 1876 (Year)

7-AGE, 38 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mail Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John R. Hackney

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Marie L. Efroe

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Hackney

(Address) 1601 E. Biddle

15- FEB 11 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1915, to Feb. 9, 1915, that I saw h~~im~~ alive on Feb. 9, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pleurasy

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) — yrs. — mos. 1 ds.

(Signed) Edwin B. Fenby M. D.

Feb. 10, 1915. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, Feb. 12, 1915

20-UNDERTAKER Zinkler & Pirkler — ADDRESS 1239 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

C82658

HEALTH DEPARTMENT—CITY OF BALTIMORE

x 145 C82658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Navy Genl Hosp St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Sewell

(Residence: In Baltimore: No. Rockville Maryland St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. unknown
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. R. Sewell Jr Neg

(Address) Rockville Md

15- FEB 11 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1914, to Feb 9 1915, that I saw him alive on Feb 9 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Injected Ulcers of Leg

(Duration) 6 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Tobacco Chewing

(Duration) yrs. mos. ds.

(Signed) B. Clatchouse M. D.

2-9 1915 (Address) Navy Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 9 ds. In the State yrs. 1 mos. 9 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence Rockville Md

19-PLACE OF BURIAL OR REMOVAL, Rockville Md — DATE OF BURIAL, 2/12, 1915

20-UNDERTAKER Wm F Nickum & Sons — ADDRESS Rockville Md

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82659

CERTIFICATE OF DEATH

29 C82659

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. # 608 S Wolfe ST.: 7th. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert.C.Shaller.

(Residence in Baltimore: No. # 608 S Wolfe. St.; 32 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Whit

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 21 (Day) 1882. (Year)

7-AGE: 32. yrs. 8 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Can-Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Copper.

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: JOHN SHALLER

11-BIRTHPLACE OF FATHER (State or country): GERMANY

12-MAIDEN NAME OF MOTHER: ROSINA FLEY

13-BIRTHPLACE OF MOTHER (State or country): GERMANY

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. P. Brill. (Sister)

(Address) 1722 Lancaster St.

15- Filed FEB 11 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 10 (Day) /15 (Year) 191-

17. I HEREBY CERTIFY, That I attended deceased from January 8. 191 5. to, Feb.10/5 191-, that I saw him alive on Feb.9/15 191-, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

PHTHISIS --

FLORIDA.

(Duration) yrs. I mos. 2 ds.

Contributory (SECONDARY) EXHAUSTION

(Duration) yrs. mos. 1 ds.

(Signed) G. Louise Blades. M. D.

Feb 10 191 5 [Address] 148 N-Pkwy.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart. DATE OF BURIAL: Feby 15 191 5

20-UNDERTAKER: Mt. Zadowski. ADDRESS: 705 S. Arch St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82660

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82660

CERTIFICATE OF DEATH.

x126

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Mrs Keyser Court St.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Crane.

(Residence in Baltimore: No. Leighton Hotel, Los Angeles, Cal. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH ..... Dec. (Month) ..... 14 (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
..... 71 yrs. 1 mos. 27 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Real Estate.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, George Crane.

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Elmira Randall

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. B. Crane

(Address)..... 1 E. Read St.

15- HARRY O. ANDREWS

Filed FEB 11 1915, 191... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1915, to Feb 10 1915, that I saw h[illegible]live on Feb 10 1915, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Prostate Hypertrophy Chr. Cystitis
Myocard. Fib.
(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia
(Duration) 4 yrs. ..... mos. 4 ds.

(Signed) William S. Crane M. D.
Feb 11, 1915. (Address) 1 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. 15 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Leighton Hotel Los Angeles Cal.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Los Angeles California	Feby. 11, 1915

20-UNDERTAKER Stewart & Mowen Co

ADDRESS 1087 North Ave

C82661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x172 C82661

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N Freeman

(Residence in Baltimore: No. Oakney Road Govans Md St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Aug (Month) 23rd (Day), 1912 (Year)

7-AGE, 2 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Douglas Freeman

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eleanor Washington Perine

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. B. Causey

(Address) Johns Hopkins Hospital

15-

Filed ....., 191. HARRY O. ANDREWS, Registrar.

FEB 11 1913 Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10th (Day), 1913 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Fall from cart

(Duration) ....yrs....mos....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

Feb 10th, 1913. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State 2 yrs. 5 mos. 18 ds.

Where was disease contracted, if not at place of death? Oakney

Former or usual residence Oakney Road Govans Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Feb 12th, 1913.

20-UNDERTAKER Henry H. Jenkins & Sons Co

ADDRESS 1029 Hollon & Orchard Sts.

Spec.—5-19-13—M. & T.—500 Bks.

C82662

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82662

CERTIFICATE OF DEATH.

REGISTERED No. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. F. Marion Smith

(Residence in Baltimore: No. 1521 E Biddle St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 15 (Month) (Day) 1910 (Year)

7-AGE, 4 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Lily Rosenberger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lily Smith

(Address) 1521 E Biddle St.

15-

FEB 11 1915 HARRY O. ANDERSON

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1914, to Feb 10 1915, that I saw h[er] alive on Feb 10 1915 and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Bright disease

(Duration) ...yrs. 1½ mos. ...ds.

CONTRIBUTORY (Secondary) Edema Lungs

(Duration) ...yrs. ...mos. ...ds.

(Signed) D. T. Bernardin M. D.

Feb 10, 1915. (Address) 614 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...d.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, Feb 12, 1915.

20-UNDERTAKER Robert J Turner

ADDRESS 1772 N Bway

Spec.—8-24-14—M. & T.—2000 Blks.

C82663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 Portland ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H. Downes

(Residence in Baltimore: No. 663 Portland St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 30th, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Trunk Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Wm. H. Downes

11-BIRTHPLACE OF FATHER (State or Country) Lucerne Ann's Co.

12-MAIDEN NAME OF MOTHER Louisa Richards

13-BIRTHPLACE OF MOTHER (State or Country) Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Kennard

(Address) 803 Harlem Ave.

15- Filed FEB 11 1915, 191. ROBERT . KRAUTER, Registrar. Burial Permit.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1915, to Feb. 10, 1915, that I saw him alive on Feb. 9 1915, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Kunkel Kiss M. D.

Feb 12, 1915. (Address) 647 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb. 12th, 1915.

20-UNDERTAKER Phillips Seewald & Son

ADDRESS 119 S. Eutaw St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82664

CERTIFICATE OF DEATH.

37 C82664

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma Reed

(Residence in Baltimore: No. 803 N. Castle St.; ....yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 17, (Day) 1914 (Year)

7-AGE, ...yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER John Reed

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Klinginstein

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Reed

(Address) 803 N. Castle St

15-

Filed FEB 11 1915 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

CAUSE OF DEATH important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Jan 26 1915, to Feb. 10th 1915, that I saw her alive on Feb 5th 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. B. Levin M. D.

Feb. 10th, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb. 12, 1915

20-UNDERTAKER Courtain Miller

ADDRESS 233 Hanover

C82665

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2121 Oak St. 12 WARD)

Registered No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Simms

(Residence in Baltimore: No. 2121 Oak St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1872 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) West River Md

PARENTS.

10-NAME OF FATHER, Thomas Simms

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER, Nancy Ireland

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Read

(Address) 1112 N. Bruce St

15- FEB 11 1915 ROBERT J. KRAUTER,
Filed, 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) C. C. Larry C. Klaus M. D.
(Coroner)

Feb 10, 1915. (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cem

DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Sam W. Case Son

ADDRESS 1108 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C82666

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Eutaw alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Brune

(Residence in Baltimore: No. 1302 Eutaw Alley St.; ....yrs, ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)- Single

6-DATE OF BIRTH, June 6, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) 323 Shields alley Balto

PARENTS.

10-NAME OF FATHER, Richard Brune

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Brune

(Address) 1302 Eutaw alley

15- FEB 11 1915 ROBERT . KRAUSER,
Filed Feb 11, 1915 Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1915, to Feb 9 1915, that I saw her alive on Feb 9 1915, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

..... (Duration) ....yrs. ....mos. (3) ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. H. Hutchins M. D.

Feb 10, 1915. (Address) 1230 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Robert A Elliott

ADDRESS 506 Park Ave

C82667

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82667

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 Ramsay ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Morgan

(Residence if Baltimore: No. 1941 Ramsay St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ....(Month) Unknown (Day), 1859 (Year)

7-AGE: 56. yrs. - mos. - ds.

If LESS than 1 day, ... hrs., or .... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housework.
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Edw Bunn.

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Kate Bunn

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Morgan

(Address) 1941 Ramsey St

15- FEB 11 1915 Filed ....191.... ROBERT J. REUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1914, to Feb 10 1915, that I saw h.r alive on Feb 10 1915, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

.... (Duration) .... yrs. .... mos. 2 hours ds.

Contributory (SECONDARY) Arteriosclerosis

.... (Duration) .... yrs. 5 mos. .... ds.

(Signed) Wm C Cook M. D.

2-11 1915 [Address] 524 S Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: St. Marys Cemetery

DATE OF BURIAL: Feb 15 1915

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E Monta

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82668

CERTIFICATE OF DEATH.

28 C82668

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E Laurale St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie M. Webb

(Residence in Baltimore: No. 430 E Laurale St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Mar 20 ....., 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brassmoulder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Webb

11-BIRTHPLACE OF FATHER (State or Country), Dont Know.

12-MAIDEN NAME OF MOTHER Caroline Wheat.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Webb

(Address) 430 E Laurale St.

15- Filed FEB 11 1915, 191.. ROBERT J. KRAUTER, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 9 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1914, to Feb 9th 1915, that I saw h.. alive on Feb 9 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis .....

.....

.....

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

..... (Duration) 1 yrs. 6 mos. ....ds.

(Signed) Joseph I. Hennig M. D.

Feb 11, 1915. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Western

DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Fayette St.

CAUSE OF DEATH must be stated plainly and fully. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

MV. 5663

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82669

CERTIFICATE OF DEATH.

92

C82669

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Oak ST. 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jones

(Residence in Baltimore: No. 2003 Oak. Street St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... Feb ..... 1 .....
(Month) (Day) (Year)

7-AGE, about 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Williams

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Jones

(Address) 315 E. 1½ St. Street

15- ROBERT . KRAUTER,
Filed FEB 11 1915 Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb ..... 11th ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6th 1915, to Feb 11th 1915, that I saw him alive on Feb 10th 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

.....

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Wilson M. D.

Feb 11th, 1915 (Address) 607 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Clay Bank Wharf

DATE OF BURIAL, Feb. 13, 1915

20-UNDERTAKER Williams Cook

ADDRESS 504 E. North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C82670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82670

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Woodley ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles V. Zigler

(Residence in Baltimore: No. 1114 Woodley St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 28 (Day), 1881 (Year)

7-AGE, 33 yrs. ..... mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stable Boss
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Carroll Co Md

PARENTS.

10-NAME OF FATHER. Charles V. Zigler

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Lydia Bullingher

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha E. Zigler

(Address) 1114 Woodley St.

15-

Filed ..... FEB 11 1915 ....., 191.. ROBERT KRACTER, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5.0m Feb 10 1915, to 11.20 Pm Feb 10 1915, that I saw h[illegible] alive on Feb 10 1915, and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

..... Acute Lobar Pneumonia

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) M. T. Talley M. D.

Feb 11, 1915. (Address) 1953 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Fairmont Carroll Co Md

DATE OF BURIAL. Feb 13, 1915

20-UNDERTAKER William Cook

ADDRESS 507 E. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8267 C8267 1

CERTIFICATE OF DEATH.

119 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Fell ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Krueger

(Residence in Baltimore: No. 901 Fell St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March 10, 1850
(Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Krueger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Wiman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Krueger

(Address) 935 Fell St

15- FEB 11 1915 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1915, to Feb. 11 1915, that I saw him alive on Feb. 10 1915, and that death occurred, on the date stated above, at 10.20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Disease

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Oedema of the Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Robert J. Green M. D.

Feb. 11, 1915. (Address) 1309½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Feb 13 1915

20-UNDERTAKER John Deering & Co ADDRESS 2008 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E. 30 St.; 9 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Grace Kurtz

(Residence in Baltimore: No. 728 E. 30 St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Infant

6-DATE OF BIRTH, January 24, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 18 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Edmond Lee Kurtz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Virginia Bare

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virginia Kurtz

(Address) 728 E. 30"

15. FEB 12 1915 Filed....., 191.. HARRY O. ANDREWS, Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1915, to Feb 11th 1915, that I saw h[illegible] alive on Feb 10th 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute Convulsion
Congenital Debility
(Duration) ....yrs. ....mos. 18 da.

CONTRIBUTORY (Secondary) Premature Birth
(Duration) ....yrs. ....mos. ....da.

(Signed) Geo. A. Finegan, Jr. M. D.

Feb 11th 1915. (Address) 1263 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Feb 15, 1915

20-UNDERTAKER Wm Cook ADDRESS 101 E. Hay

C82673

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82673

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1437 N. Wolfe ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Naima Cohen

(Residence in Baltimore: No. 1430 N. Wolfe St.: — yrs. — mos. — ds.)

Informant is the Tuberculosis Nurse Visitor in Hymen Cohen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Aug (Month) , 1887 (Day) (Year)

7. AGE: 27 yrs. 6 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Balt Md

PARENTS

10. NAME OF FATHER: A. Cohen

11. BIRTHPLACE OF FATHER (State or country): Russia

12. MAIDEN NAME OF MOTHER: Eva Cohen

13. BIRTHPLACE OF MOTHER (State or country): Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1419 E Balto

15. Filed FEB 12 1915 , 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 11 (Day) , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July , 1914 , to Feb. 11 1915 ,
that I saw h alive on Feb. 11 , 1915 ,
and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Volkman M. D.

Feb 11 , 1915 (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hebrew Washington Co | DATE OF BURIAL: 2/12 , 1915

20. UNDERTAKER: Jack Lewis | ADDRESS: 1419 E Balto

Spec.—5-15-13—M. & T.—500 Bks.

C82674

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N Dallas ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Stevens

(Residence in Baltimore: No. 231 N. Dallas St.; — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	col	married

6-DATE OF BIRTH, (?) (Month) (?) (Day) 1877 (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, George Hammond

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co.

12-MAIDEN NAME OF MOTHER Mary Nutter

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sherman Stevens

(Address) 231 N Dallas St

15- Filed FEB 12 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1914, to 10 Feb. 1915; that I saw h[illegible] alive on 9 Feb. 1915; and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

with Bronchitis & Acute

Tuberculosis Lasting following

about (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

abscess (Duration) yrs. mos. 21 ds.

(Signed) C. Caufield Ray M. D.

10 Feb. 1915. (Address) 906 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Feb. 12, 1915
20-UNDERTAKER	ADDRESS
John W. Henderson	31 N. Caroline

C82675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C82675

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Gough St. near Bond ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Davis

(Residence in Baltimore: No. 1110 Ashland Ave St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Kent Co. Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeanie Davis

(Address) 1110 Ashland ave

15- FEB 12 1915 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by an Automobile truck
Accidental
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chest crushed
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D.
(Coroner.)

Feby 12, 1915. (Address) 3116 Odonnell st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL.
Holy Cross Cemetery	February 13 1915
20-UNDERTAKER	ADDRESS
Henry Hosek Son	1301 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82676

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82676

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1180 Columbia Ave ST. 21 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Geller

(Residence in Baltimore: No. 1180 Columbia Ave St.; 18 yrs. 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. 29, 1896 (Month) (Day) (Year)

7-AGE: 18 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shovel maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: George Geller

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Hammel

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Geesdens

(Address) 217 S. Paca

FEB 12 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July. 1, 1914 to Feb. 10 1915, that I saw h— alive on Feb. 5, 1915, and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Herbert A. Blake M. D.

Feb 10, 1915 (Address) 1014 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemy — DATE OF BURIAL: Feb 14 1915

20-UNDERTAKER: J. Fos Fosdens. Son — ADDRESS: 217 S. Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82677

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 936½ N Saratoga St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brown

(Residence in Baltimore: No. 936½ N Saratoga St. ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1892 (Year)

7-AGE, 23 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Eliza Thornton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Brown

(Address) 936½ N Saratoga St

15- FEB 12 1915 HARRY O. ANDREWS,
Filed ....., 191. Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Feb 10, 1915 (Address) 411 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Feb 12, 1915

20-UNDERTAKER Frow Hall ADDRESS 174 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82678

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 641 Eiches al St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Dean

(Residence in Baltimore: No. 641 Eiches al St. 17 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colard	Single

6 DATE OF BIRTH: Jan 4 (Month) (Day), 1898 (Year)

7 AGE: 17 yrs. 1 mos. 6 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md (City)

PARENTS

10 NAME OF FATHER: John Dean

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Dean

(Address) 641 Eiches Alley

15. Filed FEB 12 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 10th (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1915, to Feb 10, 1915, that I saw h in alive on Feb 9, 1915, and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
about
(Duration) — yrs. 3 mos. — ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Ar Williams M. D.
Feb 12, 1915 (Address) 901 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb 14, 1915

20 UNDERTAKER	ADDRESS
Charles B Jones	50 N Rogers St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82679

CERTIFICATE OF DEATH.

28 C82679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 W. Franklin ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Calhoun

(Residence in Baltimore: No. 734 W. Franklin St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 1899 (Month) ... (Day) 1 (Year)

7-AGE, 15 yrs. ... mos. ... ds.

If LESS than 1 day. ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Eugene Calhoun

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Archibald Duty

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Calhoun Sr

(Address) 734 W. Franklin St

15-

Filed FEB 12 1915, 191... Burial Permit Issued

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) / 9 (Day) / 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/14 1915, to 2/9 1915, that I saw h— alive on 2/9 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ... yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Lee Ehrl M. D.

2/10, 1915. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb. 12, 1915

20-UNDERTAKER Alfred J Freeland

ADDRESS 1141 St Schroeder

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82680

CERTIFICATE OF DEATH

92 C82680

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 912 N Stricker st ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K Greenwood

(Residence in Baltimore: No. 912 N Stricker St.; 31 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 12" (Day), 1874 (Year)

7-AGE: 40 yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick, Md.

PARENTS

10-NAME OF FATHER: George E.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie L. E. Neighoff

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ziegler

(Address) 912 N Stricker St

15. Filed FEB 12 1915, 191 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 10th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1915, to Feb 10 1915, that I saw her alive on Feb 10 th, 1915, and that death occurred, on the date stated above, at 7.30 pm.

The CAUSE OF DEATH* was as follows:

Pneumonia, double

(Duration) — yrs. — mos. 11 ds

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) John D Pennington M. D.

191 (Address) 1826 Bolton st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md. DATE OF BURIAL: Feb 13" 191 4

20-UNDERTAKER: Joseph B. Cook ADDRESS: 1003 E Bills

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82681

CERTIFICATE OF DEATH.

10

C82681

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 John St. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Polly Bradford

(Residence in Baltimore: No. 1430 John St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 13, 1830
(Month) (Day) (Year)

7-AGE, 84 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Smith

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Bradford

(Address) 1430 John St.

15- FEB 12 1915 HARRY O. ATKINS Burial Permit Clerk

Filed....., 191.....

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Several years ago 1915, to Feb. 10 1915, that I saw her alive on Feb 10th Morning 1915, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Grippe

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) The failure of old age

..... (Duration) Unknown yrs. mos. ds.

(Signed) Wm. L. Morgan M. D.

Feb. 12th 1915. (Address) 262 West Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Abingdon Md

DATE OF BURIAL, Feby. 13 1915

20-UNDERTAKER W. Eichelberger

ADDRESS Towson

Spec.—5-19-13—M. & T.—500 Bks.

C82682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82682

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Catherine ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Rohr

(Residence in Baltimore: No. 4 S. Catherine St.; ...yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, June 27, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 15 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md (City)

PARENTS.

10-NAME OF FATHER, Henry Rohr

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elsie Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Rohr

(Address) 4 S. Catherine

15- FEB 12 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed ..... 191... Registrar.

CAUSE OF DEATH: Information required is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Feb 11 1915, that I saw h[illegible] alive on Feb 10 1915, and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

3 hrs (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

2 (Duration) ...yrs. ...mos. ...ds.

(Signed) Howard A. Kelly M. D.

Feb 11, 1915. (Address) 1101 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER Geo. Weber & Son — ADDRESS 2303 Edmondson

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82683

CERTIFICATE OF DEATH.

92 C82683

1-PLACE OF DEATH University Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar H. Report

(Residence in Baltimore: No. 52 Wyeth St.: —yrs.,— mos.— ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 7, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edgar Report

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rehmet

(Address) 621 Wyeth St.

15-

FEB 12 1915 [illegible]

Filed ....., 191.... Registrar.

Burial Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 — 11 —, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-30, 191, to 2-11, 191, that I saw h... alive on 2-11, 191, and that death occurred, on the date stated above, at 4:47 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) None observed

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

2-11-, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 52 Wyeth St

19-PLACE OF BURIAL OR REMOVAL. Balto. Cemetery

DATE OF BURIAL, 2-14, 1915.

20-UNDERTAKER Geo. E. Howard, & Bro

ADDRESS 2101 Eutaw ave

C82684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82684

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 600 S. Montford Ave WARD)

2-FULL NAME Frank J. Gummer.

(Residence in Baltimore: No. 600 S. Montford Ave St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug 14 (Month) (Day), 1914 (Year)

7-AGE: ..... yrs. 5 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John Gummer

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Annie Shoal

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Gummer.

(Address) 600 S Montford ave

15 Filed FEB 10 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1915, to Feb 10 1915, that I saw h..... alive on ....., 191., and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. H. Chestney M. D.

Feb 12 1915 (Address) 1810 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 12 1915
20-UNDERTAKER: Lilly-Zeller	ADDRESS: 403 S Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82685

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82685

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2328 E. Baltimore St. 6 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2 FULL NAME Bridget Kelly

(Residence in Baltimore: No. 2328 E. Baltimore St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Feb 6 th, 1839 (Month) (Day) (Year)

7 AGE: 76 yrs. — mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Simmons

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Corneaky

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Kelly

(Address) 2328 E Balto St

15 FEB 12 1915, 191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 9th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1914, to Feby 9th 1915, that I saw h[illegible] alive on February 9th, 1915, and that death occurred, on the date stated above, at 7 20 a.m.

The CAUSE OF DEATH* was as follows:

Senility - Contracted Kidney & Endocarditis &c

General (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. W. Brown M. D.

Feb 10th, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral (

DATE OF BURIAL: Feb 13, 1915

20 UNDERTAKER: John A Moran

ADDRESS: Bank & Aisquith

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C82686

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Luzerne Ave ST.) (1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Erhart

(Residence in Baltimore: No. 523 S. Luzerne Ave St.; Life ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, May 19th, 1843 (Month) (Day) (Year)

7-AGE, 71 yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Erhart

(Address) 523 S. Luzerne Av

15- Filed FEB 13 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26 1914, to Feb 10 1915, that I saw him alive on 11 11 1914 and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

No Operation

Postmortem

Microscopic Exam

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. A. Reese M. D.

Feb 12, 1915. (Address) 7 E. Pratt St. City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL, Feb. 15, 1915

20-UNDERTAKER: H. Sander Sons ADDRESS 1710 Pleasant

Spec.—5-19-13—M. & T.—500 Bks.

C82687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82687

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Koserske

(Residence in Baltimore: No. 2218 Cambridge St.) (Age 54 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. 27th, 1888
(Month) (Day) (Year)

7-AGE, 26 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oystershucker
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Karl Koserske

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Roesner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Koserske

(Address) 2218 Cambridge St.

15-

FEB 13 1915 HARRY O. ARCHER,

Filed ..... 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 6 1915, to February 11 1915, that I saw her alive on " 11 1915 and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

2 weeks.

Antecedents ... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage.

(Duration) ... 4 mos. 4 ds.

(Signed) Amelia E. Link, M. D.

February 12 1915 (Address) 1717 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Pauls Cemetery	Feb. 14th, 1915
20-UNDERTAKER	ADDRESS
H. Sander Sons	1310 Reed St.

important. See instructions on back of certificate.

C82688 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

gv C82688

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1006 W. Lombard ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J. Reed

(Residence in Baltimore: No. 1006 W. Lombard St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH: May (Month) 7th (Day), 1866 (Year)

7-AGE: 48 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Joseph H Reed

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Rachel A Lee

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Lee

(Address): 1017 E. Lombard st

15- Filed FEB 13 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 4, 1915, to, Feb. 9 1915, that I saw h.... alive on February 8 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 5 ds.

Contributory (SECONDARY) asthenia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. C. Tourd M. D.

Feb. 10, 1915 [Address] 1342 W Lombard St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 13, 191..

20-UNDERTAKER: John J. Fields — ADDRESS: 1201 Lombard

#state CAUSE OF DEATH in plain terms, so that it may be properly classified. STATEMENTS OF ACCOUNTS TION is very important. See instructions on back of certificate.

C82689

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92C82689

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1006 W. Lombard St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Reed

(Residence in Baltimore: No. 1006 W. Lombard St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan. (Month) 20 (Day), 1860 (Year)

7-AGE: 53 yrs. ..... mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): (at home)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Joseph H. Reed

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Rachel A. Lee

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Lee.

(Address): 1017 W. Lombard st

15-

Filed FEB 13 1915 191 ROBERT . BRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 11 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1915, to, Feb. 11 1915, that I saw her alive on Feb. 11, 1915, and that death occurred, on the date stated above, at 10½ a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY): asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. C. Pound M. D.

Feb. 11, 1915 [Address] 1302 W. Lomb. St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 15 1915

20-UNDERTAKER: John J. Fields — ADDRESS: 1210 W. Lombard st

state CAUSE OF DEATH in plain terms, so that it may be properly Classified. Exact language of certificate.
TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82690

CERTIFICATE OF DEATH.

170 C82690

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Cecil Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Onion

(Residence in Baltimore: No. 2013 Cecil av St.; ...yrs., 1½ mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Sept 30, 1860 (Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 11 ds.

If LESS than 1 day. ...hrs. or ...min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edw. D. Onion

11-BIRTHPLACE OF FATHER (State or Country). Wexford Co. Ire.

12-MAIDEN NAME OF MOTHER Eliza A Buckmiller

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Arthur P. Duval

(Address) 2013 Cecil Ave

15- Filed FEB 13 1915 191... ROBERT . KRACTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915, to Feb 11 1915, that I saw h~~e~~ alive on Feb 11 1915, and that death occurred, on the date stated above, at 1.05 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ...yrs. 1 mos. ...ds.

(Signed) M. W. Short M. D.

Feb 14, 1915 (Address) 806 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER Henry W. Means & Son — ADDRESS 805 N. Calvert St

C82691

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 C82691

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1035 Brantly St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Fred Romoser,

(Residence in Baltimore: No. 1035 Brantly Ave St.; 30 yrs. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Dec 20, 1884 (Month) (Day) (Year)

7 AGE: 30 yrs. 1 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John J Romoser

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Stuerken

13 BIRTHPLACE OF MOTHER (State or country): Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Romoser.

(Address) 1035 Brantly Ave

15 Filed FEB 13 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 12, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1914 to Feb 12 1915 that I saw h[illegible] alive on Feb 11, 1915 and that death occurred, on the date stated above, at 3a m.
The CAUSE OF DEATH* was as follows:

Hodgkins disease

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Decubitus

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Harry Lynn M. D.

Feb 12, 1915 (Address) 736 St Paul Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Emmanuel Luth Cem — DATE OF BURIAL: Feb 14, 1915

20 UNDERTAKER: Mrs A Rohde Sons — ADDRESS: 736 Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Even if it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82692

CERTIFICATE OF DEATH.

89 C82692

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Shipley

(Residence in Baltimore: No. 937 Madison Ave St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, July 23, 1852
(Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carriage body
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Isaac Shipley

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Mary Jane Boyer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mallie V. Bair

(Address) 937 Madison Ave

15- Filed FEB 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th, 1915, to Feb. 11th 1915, that I saw h[im] alive on Feb 11th 1915, and that death occurred, on the date stated above, at 3 A, m.

The CAUSE OF DEATH* was as follows:

Disease Kidneys

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 11 ds.

(Signed) Samuel A Bair M. D.

Feb. 11, 1915. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Feb 13, 191.5.

20-UNDERTAKER Wm. A Rohde & Sons

ADDRESS 730 Pa Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C82693

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lillian M Chenoweth

(Residence in Baltimore: No. 1906 N Pulaski St St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Frisk

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver Chenoweth

(Address) 1906 N Pulaski St

15- Filed FEB 13 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1914, to Feb 12 1915; that I saw her alive on Feb 12 1915; and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Glio Sarcoma Of Spinal Cord

Operation * Microscopic Diagnosis made

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) B. H. Guttenstein M. D.

2-12-, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 3 ds. In the State 31 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Balto

Former or usual residence 1906 N Pulaski St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER Thos G Rohde & Son — ADDRESS 730 Paca

See Remarks

Spec.—5-19-13—M. & T.—500 Bks.

C82694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82691

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 33 E Henrietta St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Alvin Dasch

(Residence in Baltimore: No. 33 E Henrietta St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Dec 27, 1914
(Month) (Day) (Year)

7-AGE: ....yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bald City

PARENTS.

10-NAME OF FATHER: John le Dasch

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Lillian R Thompson

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Lillian R. Dasch

(Address): 33 E. Henrietta, St.

15-
Filed FEB 13 1915, 191. BOBBET . KRAUTER
Burial Permit Clerk.
Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feby 11, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from 2/8 1915, to 2/11 1915, that I saw h[illegible] alive on 2/11 1915, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 days.

CONTRIBUTORY (Secondary): Bronchitis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) E. J. Turlington M. D.

2/11, 1915. (Address) 102 E Fortam

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Feb. 13 1915.

20-UNDERTAKER: F. A. Krauss — ADDRESS: 703 Monroe

Spec.—8-24-14—M. & T.—2000 Bks.

C82695 HEALTH DEPARTMENT—CITY OF BALTIMORE 113 C82695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 4 ST. WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Krager

(Residence in Baltimore: No. London Hotel St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

6-DATE OF BIRTH: October 18, 1876 (Month) (Day) (Year)

7-AGE: 38 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Manager
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Geow Krager

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Katharine Hagerty

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Virginia Krager

(Address): Hotel Condon

15. Filed FEB 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1915, to Feb 11 1915, that I saw h...alive on Feb 11 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion of the Lives

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David Stuart M. D.

Feby 11th, 1915. (Address) 712 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hotel Condon

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cly — DATE OF BURIAL, Febry 13, 1915

20-UNDERTAKER: Stewart & Mowen Co — ADDRESS 101 W. North Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82696 — 1 PLACE OF DEATH

40 C82696 — REGISTERED No. C

CITY OF BALTIMORE (No. 828 Fulton ave ST. 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. McFee

(Residence in Baltimore: No. 828 Fulton ave St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 5 (Day), 1857 (Year)

7-AGE: 63 yrs. 6 mos. 6 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Bakery

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: James McFee

11-BIRTHPLACE OF FATHER (State or country): Philadelphia

12-MAIDEN NAME OF MOTHER: Caroline J. Britt

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James McFee

(Address) 4 N. Carey St

15. Filed FEB 13 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1914, to Feb 11 1915, that I saw h alive on Feb 11, 1915, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
Microscopic Exam Made
Metastasis (Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Toxaemia + Exhaustion
(Duration) yrs. 1 mos. ds.

(Signed), Ellwood Smith M. D.

Feb 12, 1915 (Address) 817 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Feb 15 11, 1915

20-UNDERTAKER: Jos L Cook — ADDRESS: 1003 N Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C82697

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E. Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Silbersack

(Residence in Baltimore: No. 2427 E Chase St.; ..... yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Neb

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, November (Month) 10 (Day), 1914 (Year)

7-AGE, ... yrs. 3 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Silbersack

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Ruby E. Moore

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Michael Silbersack

(Address) 2427 E. Chase St

15-

Filed FEB 13 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1915, to Feb. 12, 1915, that I saw him alive on Feb. 11, 1915, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

..... (Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Enteritis

..... (Duration) — yrs. — mos. 12 ds.

(Signed) Edwin B. Fenby M. D.

Feb. 12, 1915. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: February 13, 1915

20-UNDERTAKER: Henry Horck Son — ADDRESS: 1301 E Eager St

important. See instructions on back of certificate.

C82698

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 82698

CITY OF BALTIMORE (No. 1025 Eutaw Place St. 14 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moritz Shakman

(Residence in Baltimore: No. 1025 Eutaw Place St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 13, 1840 (Month) (Day) (Year)

7-AGE: 74 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Dry Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Herman Shakman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Amelia Mark

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Frank

(Address) 409 W Baltimore St

Filed FEB 13 1915, 191

HENRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1915 to Feb 12 1915, that I saw h[illegible] alive on Feb 12 1915, and that death occurred, on the date stated above, at 12.20 a m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 hrs ds

Contributory (SECONDARY) Acute Gastritis

(Duration) yrs. mos. 1 ds

(Signed) J O Hellgman M. D.

Feb 12, 1915 (Address) 1920 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: Feb 14 1915

20-UNDERTAKER: J Ahrens & Co — ADDRESS: 1611 Madison

N. B.-Every item of information should be carefully supplied. AGE should be given EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82699

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82699

CERTIFICATE OF DEATH.

x 28

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hos- ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Addison

(Residence in Baltimore: No. Camp Carole Md St.; ....yrs., ...mos. ....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1898

7-AGE, 17 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Works
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Addison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Luella Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Addison

(Address) Annapolis Md

15- FEB 13 1915 HARRY O. ANDREWS,
Filed ....., 19.. Burial Permit Clerk.
Registrar.

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 2-18 (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/18 1915, to 2/11 1915 that I saw h alive on 2/11 1915 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Valvular Heart disease

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) ..... M. D.

2/12, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 4 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? Camp Carroll, Md

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md | DATE OF BURIAL, 2/13, 1915

20-UNDERTAKER Chas T. Newbury | ADDRESS 578 W Balto

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82700 C82700

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1931 Eutaw Place ST.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Josephine Brenninger

(Residence in Baltimore: No. 1931 Eutaw Place St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Sept. (Month) 15 (Day) 1838 (Year)

7-AGE, 76 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Phila. Pa

PARENTS.

10-NAME OF FATHER, Louis Fritz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mrs Husband
(Address): 1931 Eutaw Pl

15-FEB 13 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to 13 1915, that I saw her alive on Feb 13 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Labular Pneumonia
(Duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Hulse M. D.
2-13, 1915 (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Washington D. C. DATE OF BURIAL, 2/13..., 1915

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 11 W Mt Royal Ave

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82701

CERTIFICATE OF DEATH.

91 C82701

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Wilkens Alley St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Rawlings

(Residence in Baltimore: No. 515 Wilkens Alley St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dont Just Kno ....., 1..... (Month) (Day) (Year)

7-AGE, ...16... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boot Black
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt city

PARENTS.

10-NAME OF FATHER, James Rawlings

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co

12-MAIDEN NAME OF MOTHER Eliza Weems

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Rawlings

(Address) 515 Wilkens Alley

15- FEB 13 1915 HARRY O. ANDERSON, Filed....., 191..... Burial Permit Clerk

Registrar.

CAUSE OF DEATH. Write plainly and state the disease causing death, directly and primarily, as well as any antecedent causes. Morbid conditions, if any, giving rise to the above cause, should be stated. It is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 11 1915, that I saw h... alive on Feb 11 1915, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ...yrs. ...mos. 11 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ...yrs. ...mos. 11 ds.

(Signed) ..... M. D.

Feb 12, 1915. (Address) 712 S. Wash...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 608 Pittsburg

C82702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82702

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 9 W York St ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Warden

(Residence in Baltimore: No. 9 W York St

51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ..., 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),
Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carolina Washington

(Address) 9 W York St

15- FEB 13 1915 HARRY O. ANDREWS,
Filed ....., 191 Burial Permit Clerk,
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) /

(Duration) yrs. mos. ds.

(Signed) Edw Gaughan M. D.
(Coroner.)

Feb 12, 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 14 1915
20-UNDERTAKER	ADDRESS
M Doyle Son	15 E La St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82703 64

CERTIFICATE OF DEATH.

C82703

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W. Lee ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Ziemer

(Residence in Baltimore: No. 548 W. Lee St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 20 (Day), 1853 (Year)

7-AGE, 61 yrs. 9 mos. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House keeping
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Troffpman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Walberger Lambe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Ziemer

(Address) 548 W. Lee St.

15- FEB 13 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1915, to Feb. 11, 1915, that I saw her alive on Feb. 10, 1915, and that death occurred, on the date stated above, at 6 35 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage or Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. Trumpkins M. D.

Feb. 14 1915. (Address) 645 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cem	Feb. 13, 1915
20-UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	1340 W

important. See instructions on back of certificate.

C82704

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

C82704

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No.... 1340 N. Carey street, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Florence J. Nash,

(Residence in Baltimore: No. 1340 N. Carey street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, June (Month) 15th (Day), 1913. (Year)

7-AGE, 1 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Nash,

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Margaret Howard,

13-BIRTHPLACE OF MOTHER (State or Country). Connecticut.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Howard, grandmother,

(Address) 1004 N. Carey street.

15- Filed FEB 13 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 11th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 3 yrs. mos. ds.

(Signed) J. Wednick Hempel M. D. (Coroner.)

Feb. 12, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cem. DATE OF BURIAL, Feb 13 1915

20-UNDERTAKER Alfred J. Freeland ADDRESS 1144 Scott st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Dr. Waldron 210 E Preston

C82705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C82705

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503. Fairview Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily M. Bird. —

(Residence in Baltimore: No. 3503. Fairview Ave St.; —yrs., —mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. 7, 1849. (Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John Miller. —

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Mary Lann.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Bird.....

(Address) 3503 Fairview Ave.....

15- Filed FEB 13 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Feb 12 1915, that I saw her alive on Feb 10 1915, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Exhaustion Age

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age (Duration) yrs. mos. ds.

(Signed) D. A. Waldron M. D.

Feb. 13..., 1915. (Address) 210 East Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb. 15..., 1915.

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North

C82706 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82706

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1506 Glenwood Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blair M Elkins

(Residence in Baltimore: No. 1506 Glenwood Ave St.; yrs., — mos. — ds.)

Aaron F. Eckenrode Same House as Above M Elkins

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan 26, 1898
(Month) (Day) (Year)

7-AGE, 17 yrs. X mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, R. H. Elkins

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie C Aylor

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie C. Aylor

(Address) 1506 Glenwood Ave.

15- FEB 13 1915 HARRY O. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage (Lung)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry L. Ayer M. D.
Feb 14, 1915 (Coroner)
(Address) 3610 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Feb 13, 1915

20-UNDERTAKER Chenoweth & Son — ADDRESS 3617 Chestnut Ave

N.B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156 C 2707

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospl St.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Ebersole.

(Residence in Baltimore: No. 2141 W. Saratoga St.

St.; yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. Unknown, 1859
(Month) (Day) (Year)

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. Jacob Ebersole.

11-BIRTHPLACE OF FATHER (State or Country). Pa.

12-MAIDEN NAME OF MOTHER. Elizabeth Stutt.

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome F. Yingling.

(Address) 2119 W. Baltimore St. City.

15-
Filed FEB 13 1915 191 HARRY O. ANDREWS, Registrar.
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia by Gas.
Suicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jamt Winkler M. D.
(Coroner)

Feb. 13th, 1915. (Address) 2302 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Kimbertin Va.

DATE OF BURIAL. Feb. 13. 1915

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Fayette St

C82703

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

C82703

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1806 N. Mount street, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Emory L. Bridge,

(Residence in Baltimore: No. 1806 N. Mount street, St.: 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, September 26th, 1852.
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer's agent,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Massachusetts,

PARENTS.

10-NAME OF FATHER. Joseph M. Bridge,

11-BIRTHPLACE OF FATHER (State or Country). Massachusetts,

12-MAIDEN NAME OF MOTHER Adelaide C. Johnson,

13-BIRTHPLACE OF MOTHER (State or Country). Massachusetts.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie T. Bridge, wife,

(Address) 1806 N. Mount street.

15- Filed FEB 13 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis (Duration) 3 yrs. ....mos. ....ds.

(Signed) Frederick Vincent, M. D.
(Coroner.)

Feb. 13th 191 5. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Long Island, New York. DATE OF BURIAL, Feb. 14 1915

20-UNDERTAKER Geo W Little & Co ADDRESS 831 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82709 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C82709

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S. Carlton St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin

(Residence in Baltimore: No. 114 S. Carlton St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Blacksmith

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Flynn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Martin

(Address) 114 S. Carlton St

15-

Filed FEB 13 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 12 1915, that I saw h[illegible] alive on Feb 11 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Aneurism of Thoracic Aorta

(Duration): ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Harry Boyd M. D.

Feb 13, 191.. (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Feb 14, 191..

20-UNDERTAKER John Howard — ADDRESS 901 Hollins St

C82710

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED No. C 82710

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1118 Columbia ave St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Budget Griffin

(Residence in Baltimore: No. 1118 Columbia ave St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7 AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Howe
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas Cavanaugh

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Cane

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burk Griffin

(Address) 1118 Columbia av

15 FEB 13 1915 Filed ....., 191- HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1914, to Feb 12, 1915; that I saw her alive on Feb 11, 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Uremia & Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed), Jurch M. D.

Feb 12, 1915 (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peter — DATE OF BURIAL: Feb 16, 1915

20 UNDERTAKER: John Howman — ADDRESS: 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be filled EXACTLY. Fractions should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11280

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

352711

42

11280

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1124 E 20th St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E Hogan

(Residence in Baltimore: No. 1124 E 20th St.: — yrs. X mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word): Married

6 DATE OF BIRTH: Dec 25, 1862 (Month) (Day) (Year)

7 AGE: 52 yrs. 1 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Stephen Murphy

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Horgan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jol Hogan

(Address) 9th 1124 E 20th St

15 FEB 13 1915 Filed ..... 1915 HARRY O. ANDREWS, Burial Permit Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1914, to Feb 11 1915, that I saw h[illegible] alive on Feb 11, 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma cervix uteri
Operation & Pathological diag

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) Dr A Elwood Lewis M. D.

2-12, 1915 (Address) 914 E Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Bay View Cathedral DATE OF BURIAL: Feb 13, 1915

UNDERTAKER: C A Riedfeld & Brenneman Inc ADDRESS: 2118

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82712 C82712

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 15 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Miller

(Residence in Baltimore: No. 1709 Appleton St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Mar 16 1867 (Month) (Day) (Year)

7-AGE. 47 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. J. Henry Miller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Barbara E. Steinmetz

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernhard Graf

(Address) 434 N. Kenwood

15- Filed FEB 13 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Feb 11 1915, that I saw h alive on Feb 11 1915, and that death occurred, on the date stated above, at 5 00 p m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (Duration) ? yrs. ? mos. 14 ds.

(Signed) Johann B Franke M. D.

2/11, 1915 (Address) 1nd. Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. — mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1709 Appleton St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Cem	Feb 14, 1915
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna

Spec.—5-19-13 M. & T.—500 Bks.

C82713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 30

C82713

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hutchinson

(Residence in Baltimore: No. 4611 Eastern ave. Balto Co Md St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: July (Month) 27 (Day), 1910 (Year)

7-AGE: 4 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Co. Md

PARENTS.

10-NAME OF FATHER: Jacob Hutchinson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Lula Wiser

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hutchinson

(Address) 4611 Eastern ave

15- FEB 13 1915 HARRY O. ANDREWS, Filed ..... 191.... Burial Permit Clerk Registrar.

CAUSE OF DEATH. This information is required by law and should be given by the physician, coroner, or other person who certifies to the cause of death. For the value of the data, it is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 13 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Feb. 13 1915, that I saw him alive on Feb. 13 1915, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculas meningitis

(Duration) ....yrs. ....mos. 23 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin L. Davis M. D.

....., 191... (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 24 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 4611 Eastern ave

Former or usual residence U. P. I. Hosp

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: Feb 15 1915

20-UNDERTAKER: Philip Henry — ADDRESS 3016 Orleans

C82714 HEALTH DEPARTMENT—CITY OF BALTIMORE 19 C82714

CERTIFICATE OF DEATH.

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 930 Page Court ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Samuel Mackey

3. (Residence in Baltimore: No. 930 Page Court St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

4-SEX.	5-COLOR OR RACE,	6-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Mackey

(Address) 930 Page St

15- FEB 13 1915 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) yrs. mos. ds.

(Signed) D. C. Fetter (Coroner) M. D.

Feb 13, 191... (Address) 713 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, FEB 14 1915, 19....

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every certificate is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82715

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82715

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Steven Ford

(Residence in Baltimore: No. 23 Church St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 3 (Day) 1870 (Year)

7-AGE, 44 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Henry Ford.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address)

15- FEB 13 1915 Filed, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1915, to Feb. 10 1915, that I saw h[im] alive on Feb. 10 1915, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Lund M. D.

Feb 10, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State Unknown yrs. mos.

Where was disease contracted, if not at place of death? 23 Church St.

Former or usual residence 23 Church St.

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, FEB 15 1915, 191...

20-UNDERTAKER ADDRESS

Commissioner Health.

FOR STATISTICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

C82716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82716

1-PLACE OF DEATH Maryland General Hosp. 14

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD) REGISTERED No. C .....

2-FULL NAME Infant of Edward H. & Margaret E. Roe

(Residence in Baltimore: No. 1425 Linden Ave St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Feb. (Month) 12 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 16 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward H. Roe.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Margaret E. Hooper.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Hooper

(Address) Commonwealth Bank

15-

Filed FEB 13 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1915, to Feb. 12 1915, that I saw him alive on Feb. 12 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insanity of Mother

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. Spence M. D.

Feb. 12, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 hrs. 10 Minutes ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	2-13-, 1915.
20-UNDERTAKER	ADDRESS
Henry H. Jenkins Sons Co	1101 Lombard & Orchard Sts.

AFFIDAVIT

Spec.—5-19-13—M. & T.—500 Bks.

C82717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82717

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Leicester James

(Residence in Baltimore: No. 505 W. Monroe St.; 52 yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 8 (Month) (Day), 1862 (Year)

7-AGE, 52 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John W. James

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Cathrine Leicester

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Isabelle James

(Address) 505 N. Monroe

15- FEB 13 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1915, to February 11 1915, that I saw him alive on February 11, 1915, and that death occurred, on the date stated above, at 1140 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Pneumonia

..... (Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M. Annie E. Shannon M. D.

Feb. 12, 1915. (Address) 544 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 14, 1915

20-UNDERTAKER, Geo. Weber & Son — ADDRESS, 2503 E. Monument ave

C82718

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C82718

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 Wilhelm St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer J Hoffman

(Residence in Baltimore: No. 1929 Wilhelm St.; 2 yrs. 0 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Feb (Month) 2 (Day), 1913 (Year)

7-AGE: 2 yrs. 0 mos. 10 ds. If LESS than 1 day, —— hrs., or —— min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Chas A. M. Hoffman

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Grace E. Hoffman

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. A. M. Hoffman

(Address) 1929 Wilhelm

15-
FEB 13 1915
Filed....., 191.....
HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1915, to Feb 12th 1915, that I saw h—m alive on Feb 12th 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) — yrs — mos. 1 da.

Contributory (SECONDARY) Convulsions Pneumonia

(Duration) — yrs — mos. 1 ds.

(Signed) W Blaney M. D.

Feb 12th 1915 [Address] 110 S. Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Feb 14, 1915

20-UNDERTAKER: John J Cowan — ADDRESS: 901 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements are desired; TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82719

CERTIFICATE OF DEATH.

91 C82719

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933. Lancaster ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kwiatkowski

(Residence in Baltimore: No. 1733. Lancaster St ST.; 1 yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 26., 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Michael Kwiatkowski

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Mary Krawczynska

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Kwiatkowski

(Address) 1733 Lancaster St

15- Filed FEB 13 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1915, to Feb 12. 1915, that I saw h— alive on Feb. 12. 1915, and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) A. Flies M. D.

Feb. 12. 1915. (Address) 248 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb. 14, 1915

20-UNDERTAKER William Fialkowski ADDRESS 168 Eastern Ave.

C82720

HEALTH DEPARTMENT--CITY OF BALTIMORE 19

CERTIFICATE OF DEATH

C82720

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 427 Hanover St. 22 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel A. Morris

(Residence in Baltimore: No. 427 Hanover St ST.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	widow

6-DATE OF BIRTH June 12, 1844
(Month) (Day) (Year)

7-AGE 70 yrs. 8 mos. 8 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Salisbury, Md.

PARENTS

10-NAME OF FATHER Charles Rudd

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Darcus Crawford

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Barnes

(Address) 72 N Hanover St.

FEB 14 1915 HARRY O. ANDREWS,
Filed ....., 191.... Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feby 9, 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 4, 191, to, Feby 9 191,
that I saw h— alive on Feby 9, 191,
and that death occurred, on the date stated above, at — m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 1 mos. 5 ds

Contributory (SECONDARY) Uraemia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed), W. H. Smith M. D.

Feby 11, 191 (Address) 1201 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Ct | DATE OF BURIAL Feb 17, 1915

20-UNDERTAKER Earl Brown & Son | ADDRESS 1814 North St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82721

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C82721

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2036 Gough ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Schloss

(Residence in Baltimore: No. 2036 Gough St.; ~~yrs.~~ 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... July (Month) 12 (Day), 1907 (Year)

7-AGE, ...yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, David Schloss

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Sarah Rosenberg

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Schloss

(Address) 2036 Gough St

15- FEB 14 1915 HARRY O. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Gastro-Enteritis .....

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) ..... David W. Jones (Coroner.) M. D.

Feby. 13, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Feb 14 1915

20-UNDERTAKER Jacob Levi

ADDRESS 1719 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14.—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82722 15 C82722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Bank St. ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Welsh

(Residence in Baltimore: No. 1921 Bank St St.; .....yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1914 (Year)

7-AGE	If LESS than 1 day,
.....yrs. 1 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City.

PARENTS.

10-NAME OF FATHER, John P. Welsh

11-BIRTHPLACE OF FATHER (State or Country). Baltimore City.

12-MAIDEN NAME OF MOTHER Myrtle Hagan

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....John P. Welsh.....

(Address).....1921 Bank St.....

15- FEB 14 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1915, to Feb 13 1915, that I saw h er alive on Feb 12 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Malnutrition

..... (Duration).....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration).....yrs.....mos. 2 ds.

(Signed). A. L. Gunderson M. D.

Feb. 13., 1915. (Address). 2013 Bank.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the Stete .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Hartford Ave	Feb 14., 1915

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82723

63 C82723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. All Saints Home 801 Eutaw St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Ann Curtis

(Residence in Baltimore: No. All Saints Home 801 N. Eutaw St. St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Uncertain (Day) 1 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Somerset Co Maryland

PARENTS.

10-NAME OF FATHER, Wm Henry Curtis

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co Maryland

12-MAIDEN NAME OF MOTHER Mary M. W. Adams

13-BIRTHPLACE OF MOTHER (State or Country), Somerset Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Maynard

(Address) 110 Commerce St

15- Filed FEB 14 1915 1915 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from at intervals for some years 191 , to 191 , that I saw h er alive on abt 2 wks ago 191 , and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans,

Senile

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H Leckwood M. D.

Feb 13, 1915. (Address) 8 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. — mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? All Saints Home

Former or usual residence All Saints Home

19-PLACE OF BURIAL OR REMOVAL, Pocomoke City Md — DATE OF BURIAL, 2-15, 1915.

20-UNDERTAKER Henry W. Jenkins Undertaking Co — ADDRESS Orford McCullough

C82724

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82724

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Gilmor ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Izabelle Finch

(Residence in Baltimore: No. 1121 N. Gilmor St.; ..... yrs. ..... mos. ..... ds.)

white life

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Sept. (Month) 7th (Day) 1873 (Year)

7-AGE 41 yrs 5 mos 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Own home work

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: William McAlister

11-BIRTHPLACE OF FATHER (State or country): Balto. City

12-MAIDEN NAME OF MOTHER: Emil E. White

13-BIRTHPLACE OF MOTHER (State or country): Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Finch

(Address) 1121 N. Gilmor St.

15- FEB 14 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

N. B.—Every question must be properly answered, so that it may be properly classified. Exact statement of occupation and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation and CAUSE OF DEATH is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. (Month) 11th (Day) 1915- (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3- 1914, to, Feb. 10- 1915-, that I saw h.r alive on Jan. 16 1915-, and that death occurred, on the date stated above, at 8-15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs ..... mos ..... ds.

Contributory (SECONDARY) Endo-Carditis

(Duration) ..... yrs 6 mos ..... ds.

(Signed) Chas. L. McCarthy M. D.

Feb. 11- 1915- [Address] 906 N. Stricker St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Feb 15 191 5

20-UNDERTAKER: Robt J Turner ADDRESS: 1111 W Broadway

C82725 HEALTH DEPARTMENT—CITY OF BALTIMORE C82725

CERTIFICATE OF DEATH. 5-150

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 304 N Eden ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Ester Gray.

(Residence in Baltimore: No. 304 N Eden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Child

6-DATE OF BIRTH, Aug. (Month) 15th (Day), 1913 (Year)

7-AGE, 1 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irma Taylor

(Address) 304 N. Eden St.

15- Filed FEB 14 1915 19 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Consumption / Lung Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

....., (Duration) ....yrs....mos....ds.

(Signed) Chas. L. Crandell M. D. (Coroner.)

Jan. 2nd, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Hill DATE OF BURIAL, Feb. 15 1915

20-UNDERTAKER Harry Woodery ADDRESS 1725 Pulaski St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82726 HEALTH DEPARTMENT—CITY OF BALTIMORE C82726

CERTIFICATE OF DEATH. REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Jones

(Residence in Baltimore: No. 235 S. Dallas. St.; ...yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb 8, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 2 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William Young

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12-MAIDEN NAME OF MOTHER Ella Jones

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones

(Address) 235 S Dallas St.

15-

Filed FEB 14 1915 HARRY O. ANDREWS, Registrar. Burial Permit 01917

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1915 to Feb 10 1915, that I saw her alive on Feb 10 1915, and that death occurred, on the date stated above, at 8.45 P.m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward H Leech M. D.

2/11, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 235 S Dallas St

Former or usual residence 235 S Dallas St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 14th, 1915

20-UNDERTAKER Harry A. Vodery ADDRESS 1723 Orleans St

C82725 C82727

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H. Gruby
(Residence in Baltimore: No. 1037 N Caroline St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 26 (Day), 1897 (Year)

7-AGE, 17 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Herman L. Gruby

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma. —

13-BIRTHPLACE OF MOTHER (State or Country). Md Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Herman L. Gruby
(Address) 1037 N. Caroline St.

15- FEB 14 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull & Concussion of brain the result of accidently falling out of the car he was driving into another auto car.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. M. Savage, M. D.
(Coroner.)
Feb'y 12, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount | DATE OF BURIAL, Feb. 14, 1915

20-UNDERTAKER E. M. Mitchell | ADDRESS 1201 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82728

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital X 145 REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George D Taliaferro

(Residence if Baltimore: No. Readville Va St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1871 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brokerage
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, G D Taliaferro

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Daughton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Hoffman

(Address) 218 W. Fayette St.

15-

Filed FEB 14 1915 HARRY O. ANDREWS, 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-1 1914, to Feb 13 1915, that I saw h in alive on Feb 13 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pityriasis Rubra

..... (Duration) ..... yrs. ..... mos. 7? ds.

(Signed) J W Rosenbach P.A. M.D.

2-13, 1915. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7? ds. In the State ~~44~~ yrs. ..... mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Readville Va

19-PLACE OF BURIAL OR REMOVAL, Readville Va. DATE OF BURIAL, Feby 16, 1915

20-UNDERTAKER E. M. Mitchell ADDRESS 120 W Fayette

Cross out words not important. See instructions on back of certificate.

C82729 HEALTH DEPARTMENT--CITY OF BALTIMORE 28 C82729

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2214 Etting St. St.: 14 WARD)

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Tyler.

(Residence in Baltimore: No. 2214 Etting St. St.: ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 2 (Month) 12 (Day), 1881 (Year)

7-AGE: 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John Tyler,

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Minnie Rayes.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Amelia Lampher

(Address) 2214 Etting.

15. Filed FEB 14 1915 HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febr. 1914 to July 12 1915, that I saw h.im alive on July 11 1915, and that death occurred, on the date stated above, at 12.50P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. D. McCarty M. D.

July 13, 1915. (Address) 37 W. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 15 1915

20-UNDERTAKER: Felix B. Dyer

ADDRESS: 120 E. Mulberry st

C82730 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82730

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 522 Numsen street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Lee Smith,

(Residence in Baltimore: No. 522 Numsen street, St.: 7 yrs. yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, ... February (Month) 4th (Day), 1891. (Year)

7-AGE, 24 yrs. 0 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House servant,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Benjamin Smith,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Delphia Brown,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Thomas, aunt,

(Address) 522 Numsen street,

15- Filed FEB 14 1915, 191..... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) 12th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pulmonary tuberculosis,

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kemp M. D. (Coroner)

Feb. 14, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ward Wright Ellis Co's DATE OF BURIAL, Feb 17, 1915

20-UNDERTAKER J. N. Owens ADDRESS 1111 Division St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82731

C82731

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilian Irene Woodward

(Residence in Baltimore: No. 1700 Light st St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, Single MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Jan 30 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Woodward

11-BIRTHPLACE OF FATHER (State or Country), Brooklyn AA6

12-MAIDEN NAME OF MOTHER Katie Sass

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Woodward Mother

(Address) 1700 Light st.

15- FEB 14 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1915, to Feb 13 1915, that I saw her alive on Feb 12 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Heart failure & general weakness

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Congenital

Weakness (Duration) ....yrs. ....mos. 13 ds.

(Signed) J. F. Hallahan M. D.

Feb 13 1915 (Address) 1618 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Feb 15, 1915

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light st

C82732 HEALTH DEPARTMENT--CITY OF BALTIMORE 151 C82732

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 821 Fremont Ave. ST.; 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel A Helfer

(Residence in Baltimore: No. 821 Fremont Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 15, 1914 (Month) (Day) (Year)

7 AGE: ..... yrs. 1 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Adam Helfer

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Hafner

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam Helfer

(Address) 821 Fremont Ave.

15 FEB 14 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 13, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1915, to Feb 13 1915, that I saw him alive on Feb 13, 1915, and that death occurred, on the date stated above, at 3 20 m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ..... yrs. 1 mos. 29 ds

Contributory (SECONDARY): Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G Quinn Jr M. D.

Feb 17, 1915 (Address) 8 E Cor Paca & Pratt

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. — DATE OF BURIAL: February 14th 1915

20 UNDERTAKER: Charles W Gill. — ADDRESS: 3109 Frederick Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Charles B Hawkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82733

C82733

CERTIFICATE OF DEATH.

31

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Schroeder ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B Hawkins X

(Residence in Baltimore: No. 214 N Schroeder St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 14 (Month) (Day) 1875 (Year)

7-AGE, 40 yrs. — mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hawkins

(Address) 214 N Schroeder St

15- FEB 14 1915 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1914, to Feb 11 1915, that I saw h— alive on Feb 10 1915, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pneumonic)

(Duration)....yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs. 2 mos. 11 ds.

(Signed) C. H. Forbes M. D.

Feb 13, 1915. (Address) 712 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Feb. 15 th, 1915

20-UNDERTAKER Charles B. Jones

ADDRESS 504 Rogers St

important. See instructions on back of certificate.

C82734

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82734

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 234 Bowers Ct ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Chisley

(Residence in Baltimore: No. 234 Bowers Ct. St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1889 (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Saml Chisley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Chisley

(Address) 234 Bowers Ct.

15- FEB 14 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Wamberg M. D.
(Coroner)

Feb. 13th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Feb. 14, 1915
20-UNDERTAKER	ADDRESS
Charles B Jones	604 Rogers Av

CAUSE OF DEATH to be plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82735

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Druid Hill ave St., 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hildred Fisher

(Residence in Baltimore: No. 711 Druid Hill St.; ....yrs. 10 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, March 2, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward William

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Williams

(Address) 711 Druid Hill Ave

15- FEB 14 1915 HARRY O. ANDREWS

Filed....., 191.... Special Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 13 1915, that I saw h.r alive on Feb 10 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Carditis

(Duration) ....yrs. ....mos. 1 ....ds.

(Signed) R. T. Hale M. D.

Feb 13, 1915. (Address) 637 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Feb. 15..., 1915.
20-UNDERTAKER Charles B. Jones	ADDRESS 504 Rogers St.

Spec.—8-24-14—M. & T.—2000 Bks.

C82736

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 814 Stirling St ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Braxton

(Residence in Baltimore: No. 814 Stirling St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	married

6-DATE OF BIRTH, unknown (Month) (Day), 1857 (Year)

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: day labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Hanover. Va

PARENTS.

10-NAME OF FATHER. Charles H. Braxton

11-BIRTHPLACE OF FATHER (State or Country) Hanover Va

12-MAIDEN NAME OF MOTHER Margret. Sheppeard

13-BIRTHPLACE OF MOTHER (State or Country). Hanover. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Braxton

(Address) 814 Stirling

15-
FEB 14 1915
Filed, 191 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 7 1915, to Feby 11 1915, that I saw h[illegible] alive on Feby 11 1915, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter W. Wharton M. D.

Feb 14 1915 (Address) 1101 Brady

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cemetery	Feb 14, 1915
20-UNDERTAKER	ADDRESS
Milton Davis	709 N Carolina St

important. See instructions on back of certificate.

Spec.—5-[illegible]-13—M. & T.—500 Bks.

C82737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82737

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 W. Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Miller

(Residence in Baltimore: No. 618 W. Hoffman St.; 56 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) December (Day) ..... (Year) 1859

7-AGE, ... 56 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Porter

9-BIRTHPLACE, (State or Country). Md (Balto City)

PARENTS.

10-NAME OF FATHER, George Miller

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Rebecca Miller

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS GIVEN TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie A. Miller

(Address) 618 W. Hoffman

15- FEB 14 1915 Filed ..... 191... HARRY O. ANDREAE, Registrar. Burial Permit Given

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9 1915, to Feb. 10 1915, that I saw him alive on Feb. 10 1915, and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

..... (Duration) ..... yrs. 4 mos. ..... ds.

(Signed) W. E. J. Carr M. D.

Feb. 13, 1915 (Address) 515 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 14 1915

20-UNDERTAKER Paul J. Pressley — ADDRESS 578 W Baltimore

Spec.—5-15-13—M. & T.—500 Bks.

C82738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82738

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Hospital ST.; [illegible] WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond E. Groswiley

(Residence in Baltimore: No. Union Hospital St.; \ yrs., \ mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 11th, 1915.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
\ yrs. \ mos. 3 ds.	\ hrs. or \ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Raymond E. Groswiley

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Edna Lenz

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. V. Bates

(Address) 2727 Maryland Ave

15- FEB 14 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb-11 1915, to Feb-13 1915, that I saw him alive on Feb. 13 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Norris M. D.

Feb. 13., 1915. (Address) Union Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. 3 ds. In the State \ yrs. \ mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	Feb 14, 1915
20-UNDERTAKER	ADDRESS
Chas. S. Deane & Son	118 West Royal Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082739 28 082739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE; (No. 2109 Callow Av ST. [13] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Rosenbaum

(Residence in Baltimore: No. 2109 Callow Av St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1879 (Year)

7-AGE,	If LESS than 1 day,
35 yrs. 3 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Elias Rosenbaum Jr

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Hot

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. E. Rosenbaum

(Address) 2109 Callow Av

15- FEB 14 1915 HARRY O. ANDREAS, Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 28 1912, to Feby 13 1915, that I saw him alive on Feby 12 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hamoptysis

(Duration) yrs. mos. 1 ds.

(Signed) Louis P. Hamburger M. D.

Feby 14, 1915. (Address) 1307 East Av C.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Har Sinai Cem	Feby 15, 1915.
20-UNDERTAKER	ADDRESS
David Sondheim	1128 W. Baltimore

C82740 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C82740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1311 E Biddle ST. 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Devlin

(Residence in Baltimore: No. 1311 E Biddle St., yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 1st (Day), 1841 (Year)

7-AGE, 74 yrs. 0 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Devlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah McCusker

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Devlin

(Address) 1316 E Biddle St.

15- FEB 14 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit 8181
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah T Russell M. D. (Coroner.)

Feb 12th, 1915 (Address) 425 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Feb. 17, 1915
20-UNDERTAKER	ADDRESS
Wm J Schaeffer Son	8. S. Front st.

C82741

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82741

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md. Hosp ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Malone

(Residence in Baltimore: No. Savage Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	S

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, ...hrs. or.../.min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton

9-BIRTHPLACE. (State or Country), Savage Md,

PARENTS.

10-NAME OF FATHER, Malone.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Fosher

(Address) Laurel Md

15- FEB 14 1915 HARRY O. ANDREWS,

Filed....., 191... Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) (Inquest, autopsy of inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock + Hemorrhage

Accident - Caught in machine

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fract. ribs + punctured lung

(Duration) ....yrs. 1 mos. ....ds.

(Signed) ..... M. D. (Coroner)

Feb 14, 191.. (Address) 1432 N Eamsdell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. In the State ....yrs. Life time mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Savage Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md,	Feb 17, 1915
20-UNDERTAKER	ADDRESS
Geo A. Gerbig	Balto + Payson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

(over)

Spec.—5-19-18—M. & T.—500 Blks.

C82742

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82742

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Huntingdon Ave. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie M. Spann

(Residence in Baltimore: No. 2931 Huntingdon Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March (Month) 10 (Day), 1891 (Year)

7-AGE, 23 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, David Harrington

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary E. McEuen

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Harrington

(Address) 2931 Huntingdon Ave

15-

Filed FEB 14 1915 191.. HARRY O. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1915, to Feb 12 1915; that I saw her alive on Feb 12 1915; and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Complicating pregnancy 6th month

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. B. Norment M. D.

Feb 13, 1915. (Address) 3347 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Feb 16, 1915

20-UNDERTAKER Horace L. Burgee & Son ADDRESS 329 Stalls Road

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82743

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C82743

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Richardson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Heim

(Residence in Baltimore: No. 1428 Richardson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH. January (Month) 31st (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Heim

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Magdelena Molder

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Brook, Md.

(Address) 1510 Fortair

15-FEB 14 1915 HARRY O ANDREWS, Filed ....., 191.. Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) - 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-12-1915, to 2-14 1915, that I saw her alive on 2-14- 1915, and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Brook M. D.

2-14. 1915 (Address) 1510 Fortair

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 15, 1915

20-UNDERTAKER Jos. J. Talmage & Son ADDRESS 1318 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82744

CERTIFICATE OF DEATH.

170 C82744

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 S Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomp Stansbury

(Residence in Baltimore: No. 1238 S Charles St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, Dont know, 1 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert B. Stansbury

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert B. Stansbury (Son)

(Address) 1238 S. Charles St.

15-
FEB 14 1915 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Feb 12 1915, that I saw h Malive on Feb 12 1915, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. O'Donnell M. D.

Feb 13, 191.. (Address) 107 E Wtts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Feb 15, 191.5

20-UNDERTAKER Wm M. J. Flynn

ADDRESS 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82745

CERTIFICATE OF DEATH.

91 C82745

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Coles.

(Residence in Baltimore: No. 430 N. Caroline St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, 7 (Month) 7 (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- FEB 14 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1915, to Feb. 13 1915, that I saw h— alive on Feb. 13 1915, and that death occurred, on the date stated above, at 9.43 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) about 1 yrs. 1 mos. 13 ds.

CONTRIBUTORY. Dilated aortic arch
(Secondary) probably several years duration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank A. Evans M. D.

Feb 14, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 430 N Caroline St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Edgewood cemetery Feb	17....., 1915

20-UNDERTAKER R. G. Gross ADDRESS 1405 McElderry St

Spec.—5-19-13—M. & T.—500 Bks.

C82746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 28 C82746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Washington St.; 7 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Franckiewicz

(Residence in Baltimore: No. 403 S. Washington St.; 9 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June — (Month) (Day), 1878 (Year)

7-AGE, 37 yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm work

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Frank Franckiewicz

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rozalia Franckiewicz

(Address) 403 S. Washington

15- Filed FEB 15 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 191 5, to Feb 13 191 5, that I saw h— alive on Feb. 13 191 5, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 3 ds.

(Signed) W. W. Bowers M. D.

2-14, 1915. (Address) 2008 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Feb. 16, 1915
20-UNDERTAKER William Fiaelkowski	ADDRESS 1618 Eastern ave

C82747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C82747

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Booth ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Jones

(Residence in Baltimore: No. 1516 Booth St.; 30 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1858 (Year)

7-AGE: 57 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ✓ hrs., or ✓ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wm. John Brooks

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Rachel Lander Valley

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Brooks.

(Address) 1516 Booth St

15- FEB 15 1915 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Feb 11 1915, that I saw h.. alive on Feb 11 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Exploration
P. M.
Microscopic
(Duration) 5 yrs 3 mos. 6 ds.

Contributory (SECONDARY) Congenital debility
(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Bernard Grunert M. D.

Feb 11 1915 [Address] 4 N Carey St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Feb the 15 191 5

20-UNDERTAKER: Alfred F Fruland | ADDRESS: V-14 N St

Schrader

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question must be answered. Where unknown, so state. DATE OF BURIAL is very important. See instructions on back of certificate.

C82743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82748

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Belmont Hotel ST. 11 WARD)

Lauvale & Eutaw Place.

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Gardner Spicer.

(Residence in Baltimore: No. Belmont Hotel, St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: July 3rd (Month) (Day), 1890 (Year)

7-AGE: 24 yrs. 7 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Geo. D. Spicer

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: May Gardner

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. B. W. Paton

(Address) South Bridge Mass.

15. FEB 15 1915 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 13th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1912, to February, 1915, that I saw h[illegible] alive on February 13th, 1915, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2+ yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Lewis Kennedy M. D.

Feb 15, 1915 (Address) 714 East Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feby 16, 1915

20-UNDERTAKER: E. M. Mitchell — ADDRESS: 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82749

CERTIFICATE OF DEATH.

28 C82749

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Bolton ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J. K. Barry

(Residence in Baltimore: No. 1433 Bolton St.; 24 yrs., 10 mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single.

6-DATE OF BIRTH, April 8, 1890. (Month) (Day) (Year)

7-AGE, 24 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. md

PARENTS.

10-NAME OF FATHER, Daniel J. Barry

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary J. Shaughnessy

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary J. Barry

(Address) 1433 Bolton St.

15-FEB 15 1915 Filed....., 191.....

ROBERT . KRAUTER Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 3rd 1915, to Feby 13th 1915, that I saw h[illegible] alive on Feby 10th 1915, and that death occurred, on the date stated above, at 9:30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)...yrs. 6 mos....ds.

CONTRIBUTORY (Secondary) Melancholia (Organic)

(Duration)...yrs....mos....ds.

(Signed) [illegible] M. D.

Feby 14th 1915. (Address) 2018 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	February 16, 1915.
20-UNDERTAKER Henry Hock Son	ADDRESS 1301 E Eager St.

Spec.—5-19-13—M. & T.—500 Blks.

C82750

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 N. Calvert ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Jane Early

(Residence if Baltimore: No. 2710 N. Calvt St.; 65 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1? (Year)

7-AGE. About 65 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Early

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Rachael Cumming

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Early

(Address) 2710 N. Calvt St.

15. Filed FEB 15 1915, 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th 1915, to Feb 13th 1915, that I saw h- alive on Feb 13th 1915, and that death occurred, on the date stated above, at 12-?0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Coma & Epil. Hemiplegia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) Stephen Burch M. D.

Feb 14 1915. (Address) 2344 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Feby 15, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. North Ave.

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82751 C82751

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1111 Myrtle Ave ST.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Whitney

(Residence if in Baltimore: No. 1111 Myrtle Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown ....., 1?
(Month) (Day) (Year)

7-AGE 80 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Thomas Lowry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Boyce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Whitney

(Address) 1111 Myrtle Ave

15- FILED FEB 15 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1913, to Feb 13 1915, that I saw her alive on Feb 12 1915, and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx
Intestinal Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Hemorrhage
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John F. O'Hara M. D.
Feb 13, 1915 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Febr 16, 1915

20-UNDERTAKER Wm Beard — ADDRESS 507 E. N. Ave

Important. See instructions on back of certificate.

S.A.F. DAKO

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C82752 28 C82752

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N. Durham ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Jones

(Residence in Baltimore: No. 1026 N. Durham St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. March 15, 1856 (Month) (Day) (Year)

7-AGE. 58 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Burgess

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Jones

(Address) 1026 N. Durham

15- Filed FEB 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 10 1914, to Feby 12 1915, that I saw her alive on Feby 12 1915, and that death occurred, on the date stated above, at 1.30 Am.

The CAUSE OF DEATH* was as follows:

.....

.....

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Walter W. White M. D.

Feby 14 1915 (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore County

DATE OF BURIAL, Feb 15, 1915

20-UNDERTAKER. Pirkler & Pirkler

ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82753

CERTIFICATE OF DEATH.

119 C82753

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Gough ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Cushley

(Residence in Baltimore: No. 1814 Gough St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 8 (Day), 1866 (Year)

7-AGE, 48 yrs. 10 mos. 4 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A. Cushley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary F. Kiely

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Cushley

(Address) 1814 Gough St.

15- FEB 15 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Feb 12 1915, that I saw h[er] alive on Feb 12 1915, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Lit Acute Nephritis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia — Coma —

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Wm. C. Brown M. D.

Feb 13, 1915. (Address) 125 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, Feb. 16 1915

20-UNDERTAKER Zirkler & Zirkler | ADDRESS 1739 E. Eager

Cause of death must be stated. See instructions on back of certificate. Important.

C82754 HEALTH DEPARTMENT--CITY OF BALTIMORE. 64 C82754

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1611 N. Fulton Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ochs J. Zittle

(Residence in Baltimore: No. 1611 N. Fulton Ave St.: 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (write the word)
Male	white	Married

6-DATE OF BIRTH: March (Month) 18 (Day), 1845 (Year)

7-AGE: 69 yrs. 10 mos. 25 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Peter Zittle

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Stutzel

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Jos. Zittle

(Address) 1611 N. Fulton Ave.

15. FEB 15 1915 (Filed) ..... 191 ..... EMMET J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 13th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1914, to Feb. 13th 1915, that I saw him alive on Feb. 13th, 1915, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emil G Baumstark M. D.

Feb. 17, 1915 (Address) 2901 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Feb. 16, 1915

20-UNDERTAKER: Jos R Cook. — ADDRESS: 1323 N. Gilmor St.

N. B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82755

CERTIFICATE OF DEATH.

× 79 C82755

1-PLACE OF DEATH University Hosp. REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R Savage

(Residence in Baltimore: No. Elkridge Md. St.: .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 9th, 1842
(Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno. Savage

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Matilda Sewell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lucy O Savage

(Address) Elkridge Md

15- FEB 15 1915 Filed....., 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/12 1915, to 2/14 1915, that I saw him alive on 2/14 1915, and that death occurred, on the date stated above, at 2.05 P.M.

The CAUSE OF DEATH* was as follows:

Emphysema & Gall Bladder

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Wm Codington M. D.

Feb. 14, 1915 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Elkridge, Md

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet. DATE OF BURIAL, Feb. 17, 1915

20-UNDERTAKER, A.E.L. Cook ADDRESS 1503 W. Balto.

C82756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82756

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 117 Welcome Alley WARD)

2-FULL NAME James Chandler

(Residence in Baltimore: No. 117 Welcome Alley St.; 65 yrs. 1 mos. V ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1858 (Year)

7-AGE: 57 yrs. V mos. V ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Chandler

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs James Chandler

(Address) 117 Welcome Alley

15- Filed FEB 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1915, to, Feb 12 1915, that I saw h— alive on Feb 12 1915, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) 3 yrs. 1 mos. V ds.

Contributory (SECONDARY) Senility

(Duration) ..... yrs ..... mos. 1 ds.

(Signed) B. F. Lund M. D.

Feb 13, 1915. [Address] 1111 Carey St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn. Cem. DATE OF BURIAL: 2-15 1915

20-UNDERTAKER: Jno. H. Toodvin ADDRESS 142 W. Hill St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
TION is very important.

Spec.—5-19-13—M. & T.—500 Bks.

C82757 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 C82757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bressler Pullman Hosp. REGISTERED NO. C.....

CITY OF BALTIMORE: (No.) 2724 N. Charles ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Ernst

(Residence in Baltimore: No. 218 Warren Ave. St.; 33 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Feb 22, 1868 (Month) (Day) (Year)

7-AGE, 46 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, — Kihn

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Ernst

(Address) 218 Warren Ave

15- Filed FEB 15 1915 ROBERT . KRAUTER, Burial Permit Clerk..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febuary 5 1915, to Feb 13 1915, that I saw h.. alive on February 13 1915, and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

Exhaustion from Hemorrhage of Uterus Fibroids - Laparotomy and removal growths - Double Salpingectomy

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Anaemia from Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. A. B. Sellman M. D.

Feb. 13, 1915. (Address) 5 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State / yrs. / mos. / ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 218 Warren Ave

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 16, 1915.

20-UNDERTAKER Mrs Mrs Jos W. Kufel — ADDRESS 801 W. Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82758

CERTIFICATE OF DEATH.

91 C82758

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 W. Lanvale ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bowly Wilson

(Residence in Baltimore: No. 129 W. Lanvale St.; 77 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, December 6, 1839
(Month) (Day) (Year)

7-AGE, 75 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, David D. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Bowly

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Melville Wilson

(Address) 129 W. Lanvale St.

15- FEB 15 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1915, to Feb 14 1915, that I saw him alive on Feb 14 1915, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. S. Talbot M. D.

Feb 14, 1915. (Address) 211 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Feb 16, 1915
20-UNDERTAKER	ADDRESS
Hurst Kimmon Co	1/2 Gilmor or Orchard

Spec.—5-19-13—M. & T.—500 Bks.

C82758

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C82759

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 Collins Ave St.; 420 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Reek

(Residence in Baltimore: No. 230 Collins Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Feb (Month) 13 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 1 mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert F. Reek

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER May Steg

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert F. Reek

(Address) 230 Collins Ave

15- Filed FEB 15 1915 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1915, to Feb 14 1915, that I saw h-e alive on Feb 14 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Feb 15, 1915. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemy	Feb 15, 1915
20-UNDERTAKER	ADDRESS
Jas Jeardens Son	2171 Pen

important. See instructions on back of certificate.

Spec.—5-19-13—M & T—500 Bks.

C82760

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82760

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Eutaw ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Ameetta

(Residence in Baltimore: No. 109 S. Eutaw St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Feb. (Month) 15 (Day), 1910 (Year)

7-AGE, 5 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Salvator Ameetta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Sarah Tummineto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Jacobsen

(Address) 217 S. Pearl

15- FEB 15 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/5 191 5, to 2/15 191 5, that I saw h[illegible] alive on 2/15 191 5, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Thyphoid fever

(Duration) yrs. mos. 10 ds.

(Signed) Chi Feola M. D.

....., 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Catholic Cem. DATE OF BURIAL, Feb. 16 191 5.

20-UNDERTAKER Jos Jacobsen, Jun ADDRESS 217 S Pearl

important. See instructions on back of certificate.

C82761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82761

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2798 W. North ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John D. Wright

(Residence in Baltimore: No. 2798 W. North ave St.; 21 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Single

6 DATE OF BIRTH: July (Month) 18 (Day), 1893 (Year)

7 AGE: 21 yrs. 6 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: A. Spencer Wright

11 BIRTHPLACE OF FATHER (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Clara S. Clagett

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. S. Wright

(Address) 2798 W. North Ave.

15 Filed FEB 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1913, to Feb 13 1915, that I saw him alive on Feb 13, 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Peritoneal Tuberculosis —

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. King M. D.

Feb 14, 1915. (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 16. 1915

20 UNDERTAKER: Geo W Little — ADDRESS: 531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82762

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1525 W. Lexington St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Agnes Maguire

(Residence in Baltimore: No. 1525 W. Lexington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Feb. (Month) 1st (Day), 1850 (Year)

7-AGE. 65 yrs. mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Christ. Maguire

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Susan Daily

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Maguire

(Address) 1525 W. Lexington St.

15-FEB 15 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Sam'l Wanstarg (Coroner) M. D.

Feb. 16th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, Feb. 17, 1915

20-UNDERTAKER Thos. Fisher & Son — ADDRESS 606 Fayette Ave

CAUSE OF DEATH to be plainly written, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82763

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 C82763

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N Caroline ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Dukehart

(Residence if not in Baltimore: No. 920 N Caroline St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Sept 12, 1827 (Month) (Day) (Year)

7-AGE: 87 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, Emanuel Pierce

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Victoria Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adel Sanford

(Address) 920 N Caroline St.

15- FEB 15 1915, MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1914, to Feb 12 1915, that I saw h[illegible] alive on Feb 13 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Influenza

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) F. C. Ellicott M. D.

Feb 14, 1915. (Address) 1419 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Feb 16, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1X12 N Bdwy

Important. See instructions on back of Certificate.

C82764

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 C82764

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 2432 Foster Ave 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabetta Hemelt

Residence in Baltimore: No. 2432 Foster ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April 3rd (Month) (Day), 1853 (Year)

7-AGE: 59 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Philipp Tobeischmann

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna M. Pfisterer

(Address) 2432 Foster ave

15 FEB 15 1915 Filed ....., 191.... HARRY O. ARLDENS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 12 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1914, to Feb. 13 1915.
that I saw her alive on Feb. 12, 1915.
and that death occurred on the date stated above, at 1 AM
The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Knox Insley M. D.

Feb 13, 1915 (Address) 2558 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 16, 1915

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82765

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C82765

PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 122 N. Montford Ave 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philipp Staab

(Residence in Baltimore: No. 122 N. Montford ave St. 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: May 1st (Month) (Day), 1831 (Year)

7-AGE: 83 yrs. 9 mos. 12 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jacob Staab

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosina Staab

(Address) 122 N. Montford ave

15 Filed FEB 15 1915, 191

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ....., 191... (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,

that I saw h..... alive on ....., 191...,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), ... M. D.

....., 191..... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 16 1915
UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe st.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82766 — 64 C82766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bieder & Sullivan Sanatorium — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2724 N. Charles ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva B. Nagengast.

(Residence in Baltimore: No. 211 N. Patterson Pk Ave St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 21st (Day), 1868 (Year)

7-AGE, 46 yrs. 6 mos. 23 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, George Nagengast

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Koenig.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Nagengast

(Address) 211 N. Patterson Pk Ave.

15- Filed FEB 15 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1915, to Feb 13 1915, that I saw h.. alive on Feb 12, 11:30 a.m. 1915, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Hypostasemia of Brain

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. H. Biedler M. D.

..., 191... (Address) 118 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 211 N Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. — DATE OF BURIAL, Feb 17 1915

20-UNDERTAKER Lilly & Zirkin — ADDRESS 1038 N Gay St.

C82767

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C82767

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Harford and Lake ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Meyer

(Residence in Baltimore: No. Lake and Harford avenue St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Widow

6-DATE OF BIRTH Unknown 1
(Month) (Day) (Year)

7-AGE 75 yrs. 9 mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER John Niemoller

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Sophia Wilhelmi

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Meyer

(Address) 719 3rd St.

15- Filed FEB 15 1915 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb (, 1915, to, February 13 1915, that I saw her alive on February 13 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) one yrs. ... mos. ... ds.

Contributory (SECONDARY) Coma

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Henry Wellbrock M. D.

Feb 15 1915 [Address] 1618 Goucher

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Feb 16 1915
20-UNDERTAKER Tilly & Zeile	ADDRESS 40 S. Wolf

TION is very important. See instructions on back of certificate.

C82768

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 C82768

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 S. Penn ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sullivan

(Residence in Baltimore: No. 6 S. Penn St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White.	Married.

6-DATE OF BIRTH June 8, 1866
(Month) (Day) (Year)

7-AGE 48 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Valentine Zoellers

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mary Streckfuss

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Zoellers

(Address) 510 S. Fremont Ave

FEB 15 1915 HARRY O. ANDREWS, Burial Permit Clerk.
Filed ....., 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 14, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1915, to Feb. 14 1915, that I saw her alive on Feb. 13, 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.

(Duration) — yrs. ..... mos. 14 ds

Contributory (SECONDARY) Exhaustion.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt. C. Blake M. D.

Feb 15, 1915. (Address) 1014 W Fa Bay.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 16, 1915
20-UNDERTAKER	ADDRESS
Jas. Dignan & Son	1000 S. Paca

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82769

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82769

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Dallas St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Anderson

(Residence in Baltimore: No. 1609 N. Dallas St St.; ——yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored a a

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 3 (Day) 1895 ~~1894~~ (Year)

7-AGE: 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Mathews Anderson

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Stansberry

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Anderson

(Address) Anne Arundel Co. Md.

15- Filed FEB 15 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1915, to Feb. 15 1915, that I saw h—r alive on Feb. 13, 1915, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 11 ds.

(Signed) Jno. C. Robinson M. D.

Feb. 15 1915 (Address) 611 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Annapolis Anmarondel County

DATE OF BURIAL, Feb. 16., 1915

20-UNDERTAKER John W. Henderson

ADDRESS 611 N Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

C82770 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82770

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Hudek

(Residence in Baltimore: No. 809 N. Broadway St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ..., 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Meat dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Austro Hungary

PARENTS.

10-NAME OF FATHER: Vaclav Hudek

11-BIRTHPLACE OF FATHER (State or Country): Austro Hungary

12-MAIDEN NAME OF MOTHER: Barbara Bouskova

13-BIRTHPLACE OF MOTHER (State or Country): Austro Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. V. Hudek

(Address): 809 N Broadway St.

15. FEB 15 1915 HENRY O. ANDREWS,
Filed....., 191....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1915, to Feb 12 1915, that I saw h[illegible] alive on Feb. 10 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

(Duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emil Novak M. D.

Feb. 13, 1915. (Address) 823 N Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 16, 1915

20-UNDERTAKER Frank Cawthorn — ADDRESS 1904 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

C82771 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 C82771

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. General Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. Cor. Madison & Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Hopewell

(Residence in Baltimore: No. Port Deposit Md St.; 60 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin Hopwell

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Banks.

(Address) Port Deposit Md.

15- FEB 15 1915 HARRY O. ANDREWS,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1914 to Feb. 13 1915, that I saw him alive on Feb 13 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* ~~was as~~ follows:
Fracture Base Cerebra & Cebula
Lacerations L/T Contusion Comminuted
caused by Fall from a wagon
(Duration) ..... yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. Earle Neill M. D.

Feb 13, 1915. (Address) Md Gen. Hospital Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Port Deposit Md

Former or usual residence Port Deposit Md.

19-PLACE OF BURIAL OR REMOVAL, Port Deposit Md. DATE OF BURIAL, Feb. 16, 1915.

20-UNDERTAKER McLean & Jones ADDRESS 833 Linden

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82772 41 C82772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE: (No. 110 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Reiner

(Residence in Baltimore: No. 110 N. Eden St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Feb ....., 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lewis

(Address)..... 1419 E. Baltimore St.

15. FEB 15 1915 HARRY O. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEB - 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July — 1914, to FEB - 15 1915, that I saw her alive on FEB 15 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

Operation!

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Albertus Cotton M. D.

FEB 15, 1915. (Address) 1303 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 2/16, 1915

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82773 104 C82773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E Montgomery ST.: 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Wellford

(Residence in Baltimore: No. 2 E. Montgomery St.: 1 yrs., 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 10 (Day), 1913. (Year)

7-AGE, 1 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jos. M. Wellford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Hurd

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wellford

(Address) 2 E Montgomery

15-

Filed FEB 15 1915, 191.....

HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Feb 14 1915, that I saw h in alive on Feb 14 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R. L. Campbell M. D.

Feb 15, 1915 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL, Feb. 16., 1915

20-UNDERTAKER D. F. McGlynn — ADDRESS 1432 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82774

CERTIFICATE OF DEATH.

92 C82774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Battery ave. St.; 24 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Joyce

(Residence in Baltimore: No. 1437 Battery ave St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) blank know (Day), 1 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Joyce

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Barbara Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Joyce

(Address) 1437 Battery ave

15- Filed FEB 15 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 13 1915, that I saw h im alive on Feb 13 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... a .....

..... Acute Pneumonia .....

.....

..... (Duration) ..... yrs. ..... mos. 12 ..... ds.

CONTRIBUTORY (Secondary) Dilitation Heart

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) Jas A O'Donnell M. D.

Feb 15, 1915. (Address) 107 E. 23rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb 16, 1915

20-UNDERTAKER P & M. J. Flynn — ADDRESS 1420 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82775

CERTIFICATE OF DEATH.

170 C82775

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Stafford Hotel ST.: 11 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna A. McDowell

(Residence in Baltimore: No. Stafford Hotel St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: November 21, 1850 (Month) (Day) (Year)

7-AGE: 64 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Robt. C. Barry
11-BIRTHPLACE OF FATHER (State or Country): Balto. Co.
12-MAIDEN NAME OF MOTHER: Johnanna McKean
13-BIRTHPLACE OF MOTHER (State or Country): Balto. Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robert W. McDowell
(Address) The Stafford Hotel

15- FEB 15 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26 1915, to Feb. 15 1915, that I saw h[illegible] alive on Feb 14th 1915, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia poisoning.

(Duration) yrs. mos. 3 ds.

(Signed) A. H. Rollins M. D.

Feb. 15, 1915. (Address) 3 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, 2-17-, 1915.

20-UNDERTAKER Henry W. Jenkins Sons Co. — ADDRESS Orchard St

C—5-15-12—M. & T.—500 Blks.

C82776

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 E. Lanvale ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen G. Cole

(Residence in Baltimore: No. 318 E Lanvale St; 59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH: December 16th, 1831 (Month) (Day) (Year)

7-AGE: 83 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: George Griffith.

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Fulford

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. L. Galloway

(Address) 318 E Lanvale St

15- Filed FEB 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 12th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1915, to Feb 13th, 1915, that I saw her alive on Feb. 13th, 1915, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Senility (Chronic Arterio Sclerosis)

(Duration) 3 yrs. months ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Urhmer Braxton M. D.

Feb. 15th, 1915. (Address) Calvert & Fayette Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cockeysville Md. DATE OF BURIAL: Feb. 16, 1915

20-UNDERTAKER: Chas. E. Franck ADDRESS: 802 Madison Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82777

CERTIFICATE OF DEATH.

119 C82777

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Hampden ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Wright

(Residence in Baltimore: No. 806 Hampden St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Joseph Upshur

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Winnie Hayes

13-BIRTHPLACE OF MOTHER (State or Country), Virg

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J Scott

(Address) 806 Hampden St

15- FILED FEB 16 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Feb 14 1915, that I saw h alive on Feb 14 1915, and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Acute Brights disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. 3 mos. ds.

(Signed) Edw Short M. D.

Feb 15, 1915 (Address) 1612 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem

DATE OF BURIAL, Feb 16, 1915

20-UNDERTAKER James A. Hayes

ADDRESS 1420 W. Hill St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82778 104 C82778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 E. Monument St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis P. Senft

(Residence in Baltimore: No. 3000 E. Monument St.; ....yrs,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6-DATE OF BIRTH, July 20, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Senft

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lola Penty

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Senft

(Address) 3000 E. Monument St

15- Filed FEB 16 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14" (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 14 1915, that I saw h im alive on Feb 14 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas B. Taylor M. D.

Feb 15, 1915. (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 16, 1915.

20-UNDERTAKER Geo M. Finck — ADDRESS 811 N. Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82779

CERTIFICATE OF DEATH.

91 C82779

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 S Sharp. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Shipley.

(Residence in Baltimore: No. 1044 S Sharp. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 17, 1905
(Month) (Day) (Year)

7-AGE, 9 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Shipley.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Myers

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Shipley

(Address) 1044 S Sharp St.

15- FEB 16 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 30 1915, to February 15 1915, that I saw her alive on February 15 1915. and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Abscess

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.

Feb 16, 1915. (Address) 7017 S Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL. Feby. 18 1915

20-UNDERTAKER E. J. Yborle ADDRESS 115 E. Fleet St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82780 C82780

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. Collington Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Mueller

(Residence in Baltimore: No. 709 S. Collington Ave St.; ...yrs.. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 27 (Month) (Day), 1868 (Year)

7-AGE, 46 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): National Bank

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John G. Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Schneider

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Mueller

(Address) 709 S. Collington Ave

15- FEB 16 1915 191... ROBERT J. KRAUTER, Asst. Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 1915, to Feb 14 1915, that I saw h— alive on Feb 13 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ...yrs. 1/2 mos. ...ds.

(Signed) Barker Bonner M. D.

Feb 16, 1915. (Address) 12-5 W Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Pauls	Feb 17, 1915
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1111 Eutaw St.

C82781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C82781

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert H Weaver

(Residence in Baltimore: No. 1912 N Castle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 14th (Day), 1905 (Year)

7-AGE, 9 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A Weaver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eva Grimley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Weaver

(Address) 1912 N. Castle

15- ROBERT . KRAUTER, Filed FEB 16 1915 Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident (Unavoidable) by being run over by an Automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah L Trasell M. D. (Coroner.)

Feb 15th, 1915 (Address) 423 N. Bradway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds. 2 hrs

Where was disease contracted, if not at place of death? Chester Bath Co

Former or usual residence 912 N. Castle

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Feb 16 1915

20-UNDERTAKER	ADDRESS
Philip Henry	2016 Odeon

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82782

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 E. Fayette ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Taylor

(Residence in Baltimore: No. 2029 E Fayette St.; ...yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, Feby 11th, 1832
(Month) (Day) (Year)

7-AGE, 80 yrs. 0 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Cora Taylor

(Address) 1627 Potomac St

15- Filed FEB 16 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 14th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 7th 1915, to Feby 14th 1915, that I saw h[illegible] alive on Feby 14th 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(Duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) — yrs. — mos. 7 ds.

(Signed) Edw. M. Townsend M. D.

Feby 15, 1915 (Address) 519 Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feby 17 1915
20-UNDERTAKER Philip Herrig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

082783

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 082783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Flaherty

(Residence in Baltimore: No. 2117 Guilford Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	widow

6-DATE OF BIRTH ..May.. (Month) 29 (Day), 1845 (Year)

7-AGE. 69 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..None..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Hurtt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Brocady

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Connie Hurtt

(Address) Mt Vernon Pl

15- Filed FEB 16 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1914, to Feb 15 1915, that I saw her alive on Feb. 15 1915, and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Apoplexy; Hemiplegia Sinistra

(Duration) 2 yrs. 1 mos. ....ds.

(Signed) Austin H Hood M. D.

Feb 15, 1915. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 8 mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2117 Guilford Ave.

Former or usual residence 2117 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feby 16, 1915

20-UNDERTAKER W J Tilden & Son ADDRESS Fremont North Ave.

C82784

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

14 C82784

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 708 N. Fulton Av ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Walsh

(Residence in Baltimore: No. 708 N. Fulton Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fmale

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 2 (Day), 1870 (Year)

7-AGE: 45 yrs. 6 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co. Md

PARENTS

10-NAME OF FATHER: H. J. Beggs

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Sarah Greer

13-BIRTHPLACE OF MOTHER (State or country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): W. Walsh

(Address): 708 N. Fulton

15- Filed FEB 16 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1915, to Feb. 13 1915, that I saw h.. alive on Feb 13, 1915, and that death occurred, on the date stated above, at 11 a m.
The CAUSE OF DEATH* was as follows:

Organic Heart Disease
(Mitral insufficiency)

(Duration) 5 yrs. 1 mos. 2 ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) 1 yrs. 2 mos. 2 ds.

(Signed), W. S. Love M. D.

Feb 14, 1915 (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 16, 1915

20-UNDERTAKER: Wm. J. Adkins & Norman — ADDRESS

is very important. See instructions on back of certificate.

FILM

082785 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 082785

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 211 S. Paca ST. 22 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Peter Paulauckas
(Residence in Baltimore: No. 211 S. Paca St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Feb (Month) 15 (Day), 1915 (Year)
7-AGE, ...yrs. ....mos. 19 hrs ....da.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Balto.

PARENTS.
10-NAME OF FATHER, Peter Paulauckas
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Frances Stenkewicz
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Peter Paulauckas
(Address) 211 S Paca

15 FEB 16 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Atelectasis
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.
(Signed) D. J. Peters M. D.
(Coroner)
Feb 16 1915 (Address) 711 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer
DATE OF BURIAL, Feb. 16., 1915
20-UNDERTAKER John Grebliauskas
ADDRESS 500 S. Paca St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82786

64 C82786

1 PLACE OF DEATH

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 500 W 27 St St. 12 WARD)

2-FULL NAME Sophia Bernhard

(Residence in Baltimore: No. 500 W 27 St. St.: 0 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Aug 6, 1837 (Month) (Day) (Year)

7-AGE 75 yrs. 6 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Christian Seidler

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Preceptress Tonell

(Address) 500 W 27th St.

15- Filed FEB 16 1915 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1915, to Feb 16 1915.
that I saw h-- alive on Jan 14, 1915.
and that death occurred, on the date stated above, at 3:a m
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Isaac F Rosenthal M.D.

Feb 16, 1915 (Address) 2438 Maryland Ave.

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Dalto Cemetery | DATE OF BURIAL Feb. 18, 1915

UNDERTAKER Robert Turner | ADDRESS 1822 N Broadway

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82787 64 C82787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Park Heights Ave. St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Kaufer

(Residence in Baltimore: No. 3913 Park Heights Ave. St.; 16 yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, June 25, 1838 (Month) (Day) (Year)

7-AGE, 76 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gabriel Jordan

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Babette Fine

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Kaufer

(Address) 3913 Park Heights Ave

15- FEB 16 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb. 14 1915 that I saw h.er alive on Feb. 14 1915, and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Fibro Cardiac Kidney

Cerebral congestion ..... (Duration) ..... yrs. ..... mos. 12 ..... ds.

(Signed) ..... M. D.

2/15, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Hardenia Cemetery	....., 191..
20-UNDERTAKER	ADDRESS
J Ahrens & Co	Concord ave

Spec.—5-19-13—M. & T.—500 Bks.

C82788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C82788

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Hanbert ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Becan

(Residence in Baltimore: No. 1117 Hanbert St.; ...yrs.,... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... Feb. (Month) 1st (Day), 1915 (Year)

7-AGE, ...yrs...mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Becan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... A Frost, Md.

(Address) 1170 Fort Ave.

15- Filed FEB 16 1915, 191... ROBERT J. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 2 (Month) – 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-12-1915, to 2-16-1915, that I saw h—alive on 2-15-1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Capillary)

..... (Duration) ...yrs...mos. 4 ds.

CONTRIBUTORY (Secondary) Congenital + premature birth (8 mos.) (Duration) ...yrs...mos. 3 ds.

(Signed) ..... A Frost ..... M. D.

2-16-, 1915. (Address) 1170 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bohemian Cem't C.S.L.S. — DATE OF BURIAL: Feb. 17, 1915

20-UNDERTAKER: John J. Fahey & Son — ADDRESS: 1318 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082789

CERTIFICATE OF DEATH.

28 082789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 S. Bond. ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Jaskulska.

(Residence in Baltimore: No. 832 S. Bond St. St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female.	White	Married

6-DATE OF BIRTH, April (Month) 5 (Day) 1858 (Year)

7-AGE, 46 yrs. 9 mos. 12 ds. | If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Walenty Warczynski

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Jaskulski

(Address) 832 S. Bond

15-

Filed FEB 16 1915 ROBERT . KNAUTH, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH, February (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1914, to February 15 1915; that I saw her alive on February 15th 1915, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. 1 mos. ds.

(Signed) Harry V. Buteyn M. D.

2/16, 1915 (Address) 106 Jackson Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Feb. 18, 1915
20-UNDERTAKER	ADDRESS.
William Fraczkowski	168 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82790 C82790

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1626 Thames ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boleslaw Wlodarczyk

(Residence in Baltimore: No. 1626 Thames St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. November 16th, 1914.
(Month) (Day) (Year)

7-AGE. .....yrs. 3 mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Andrew Wlodarczyk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosa Grondzik

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Andrew Wlodarczyk

(Address)... 1626 Thames St

15- FEB 16 1915 ROBERT . KRAUTER, Registrar.
Filed..... 191... Deputy Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) David W. Jones M. D.
(Coroner)

Feby. 16, 1915. (Address) 3116 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb. 17. 1915

20-UNDERTAKER William Fidelmeyer ADDRESS, 1618 Eastern Ave.

Important. See instructions on back of certificate.

C82791

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82791

154

CERTIFICATE OF DEATH.

Registered No. C.

1-PLACE OF DEATH

City of Baltimore (No. 1309 Bayard St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ross

(Residence in Baltimore: No. 1309 Bayard St.; yrs., mos. ds.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very necessary and may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. June (Month) 16th (Day), 1861 (Year)

7-AGE, 53 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jerry Ross

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Giles

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Clash.

(Address) 1309 Bayard St.

15- FEB 16 1915 ROBERT . KRAUTER, Burial Permit Clerk
191
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac H. Emerson M. D.
(Coroner)

Feb. 16th, 1915. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Arnatolia Cem	Feb 18, 1915.
20-UNDERTAKER	ADDRESS
Geo H Hooper	609 Little Rock

C82792 HEALTH DEPARTMENT---CITY OF BALTIMORE C82792

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C 9

CITY OF BALTIMORE: (No. 1917 N Lombard St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy A Bean

(Residence in Baltimore: No. 1917 N Lombard St.; 4 yrs. 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: June 15th, 1910. (Month) (Day) (Year)

7-AGE: 4 yrs. 8 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City.

PARENTS

10-NAME OF FATHER: Benj Bean

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Bertha Murray

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Geo Murray

(Address) 1917 N. Lombard St.

15- FEB 16 1915

Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13, 1915, to Feb 15 1915, that I saw h.r alive on Feb 15 1915, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY)

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Wm H G Gd M. D.

2-16 1915 [Address] 54 E Lexington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: FEB 17 1915

20-UNDERTAKER: Geo A Gerber ADDRESS: Balto & Payson

10 a. m.

TION is very important. See instructions on back of certificate.

C82793

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

C82793

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1703 Ruxton ave St. 15 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Snow Rhea

(Residence in Baltimore: No. 1703 Ruxton ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct 7, 1854 (Month) (Day) (Year)

7-AGE: 60 yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Dorchester Co. Md

PARENTS

10-NAME OF FATHER: N. Alexander Spedden

11-BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

12-MAIDEN NAME OF MOTHER: Mary Snow

13-BIRTHPLACE OF MOTHER (State or country): Talbot Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest G Rhea

(Address) 1027 Riverside Ave

15- FEB 16 1915 Filed ....., 191.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1915, to Feb. 15 1915, that I saw h alive on Feb. 15, 1915, and that death occurred, on the date stated above, at 5:30 a, m.

The CAUSE OF DEATH* was as follows:

Acute Chronic Parenchymatous Degeneration

(Duration) ..... yrs. 2 mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Snow for Phys. M. D.

Feb 16, 1915 (Address) 1340 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: LOUDON PARK

DATE OF BURIAL: FEB 17 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82794

C82794

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Hollins St.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Creagh

(Residence in Baltimore: No. 1217 Hollins St.; 70 yrs., 2 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 26, 1837
(Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, James Creagh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Joan Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Creagh

(Address) 1217 Hollins St.

15- FEB 16 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1915, to Feb. 14 1915, that I saw h[illegible] alive on Feb. 14 1915, and that death occurred, on the date stated above, at 1 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

.....

.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

2-16-15, 191.. (Address) 1302 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	Feb. 18, 1915
20-UNDERTAKER	ADDRESS
John Flewwan & Son	901 Hollins St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82795

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C82795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1334 Cleveland St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Rossi

(Residence in Baltimore: No. 1334 Cleveland St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 12, 1888
(Month) (Day) (Year)

7-AGE 26 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Hartford co Md

PARENTS.

10-NAME OF FATHER, Martin Bodley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Ross

(Address) 1334 Cleveland

15-

Filed FEB 16 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9th 1915, to Feb 15 1915, that I saw h— alive on Feb 14 1915, and that death occurred, on the date stated above, at 7 45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. 1 mos. ds.

(Signed) Stephen A Kane M. D.

Feb 15, 1915. (Address) 912 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Feb 17, 1915

20-UNDERTAKER John Conway — ADDRESS 961 Hollins

CAUSE OF DEATH must be plainly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082796

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 082796

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 W Mulberry St.; 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Mary E. Ward

(Residence in Baltimore: No. 1037 W. Mulberry St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: June (Month) 16th (Day), 1892 (Year)

7-AGE: 22 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Thos P Ward

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Cathrian Flatley

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos P. Ward

(Address) 1037 W. Mulberry st

15- Filed FEB 16 1915 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 9, 1914, to, February 15 1915, that I saw h.e. alive on February 14 1915, and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ..... yrs 2 mos. under my care ds.

Contributory (SECONDARY) Asthenia

(Duration) ..... mos. ds.

(Signed), J. C. Pound, M. D.

Feb. 15, 1915. [Address] 1302 W. Lomb. St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 18th, 1915

20-UNDERTAKER: John J. Fields — ADDRESS: 1200 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82797 C82797

CERTIFICATE OF DEATH.

x 160

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital, Linden ave.& Madison st. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto W. Weideman,

(Residence in Baltimore: No. 514 N. Eutaw street, St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single

6-DATE OF BIRTH. February 8th, 1883.
(Month) (Day) (Year)

7-AGE. 32 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Advertising
(b) General nature of industry, business, or establishment in which employed (or employer)..... Solicitor,

9-BIRTHPLACE, (State or Country), Philadelphia, Penna.

PARENTS.

10-NAME OF FATHER, August Weidemann,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Pauline Weidemann,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...G. A. Weidemann,.....

(Address)...4540 N. 16th, st. Phila. Pa.

15- FEB 16 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Haemorrhage and shock caused by cutting wrists with a razor with suicidal intent. Suicide.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....
(Duration)....yrs....mos....ds.

(Signed) J. Frederick Kempel M. D.
(Coroner)

Feb. 16, 1915. (Address)... 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Philadelphia, Pa.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Phila Pa	Feb 16, 1915
20-UNDERTAKER	ADDRESS
W. J. Tuckerman Son	Camden Pa

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state plainly the terms used, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82798

CERTIFICATE OF DEATH.

64 C82798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Lafayette av ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia A. Grant

(Residence in Baltimore: No. 719 W. Lafayette av St.; 40 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 27th, 1834 (Month) (Day) (Year)

7-AGE, 80 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lewis Hewett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia A Langenfeldt

(Address) Charlestown Md

15- FEB 16 1915 HARRY O. ANDREWS, Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26th 1915, to July 15 1915 that I saw her alive on July 13th 1915 and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

.....

.....

Contributory (Duration) yrs. mos. ds.

CONTRIDUTORY (Secondary) Apoplexy

..... (Duration) — yrs. — mos. 5 ds.

(Signed) Alex Balfour M. D.

Feby 15 1915. (Address) 908 W Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 18, 1915
20-UNDERTAKER	ADDRESS
G. F. Walker	723 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82799

CERTIFICATE OF DEATH.

× 30

C82799

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvert Coleman

(Residence in Baltimore: No. 607 J. St. Spanows Pt. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Sing

6-DATE OF BIRTH. Jan. (Month) 6 (Day), 1912 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Wm Coleman

11-BIRTHPLACE OF FATHER (State or Country). Chicago Ill.

12-MAIDEN NAME OF MOTHER Mary Benesol

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Phelps

(Address) Johns Hopkins Hosp.

15- Filed FEB 16 1915, 191.. HARRY O. ANDERSON, Registrar. JOHNS Burial Permit Otsi...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1915, to Feb. 14 1915, that I saw h.. alive on Feb 14 1915, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alma S Rothrock M. D.

Feb 15, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 607 J. St. Spanows Pt

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, FEB 15 1915, 191..

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C8:2800

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C8:2800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 S. Linwood Ave St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cassidy

(Residence in Baltimore: No. 804 S Linwood Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	Widow

6-DATE OF BIRTH, June (Month) 11 (Day), 1851 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 8 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. J. Labatue

(Address) 804 S. Linwood Ave

15- FEB 16 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk and Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1914, to Feb. 15 1915, that I saw her alive on Feb 4 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 6 mos. 14 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) M. J. McAvoy M. D.

Feb. 16, 1915. (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Matthews Cem	Feb 18, 1915
20-UNDERTAKER William Boos	ADDRESS 502 E. N. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. 1

C8280l HEALTH DEPARTMENT—CITY OF BALTIMORE C8280l

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida E. Spurrier

(Residence in Baltimore: No. 232 S Calhoun St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 23, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 0 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, Albert L. McKinzie

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co.

12-MAIDEN NAME OF MOTHER Mr. Ridgley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Spurrier

(Address) 232 S Calhoun St

15- FEB 16 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1914, to Feb 16 1915, that I saw her alive on Feb 15 1914, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. A. O'Neill M. D.

Feb 16, 1915. (Address) 108 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Feb 19, 1915

20-UNDERTAKER Wilhelm Bros

ADDRESS 307 E. N. Av

Cause of death to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82802

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82802

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3740 Hickory Ave St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Giles

(Residence in Baltimore: No. 3740 Hickory Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. — mos. — ds.

IF LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER Michael Giles

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Giles

(Address) 787-36th St

15-

Filed FEB 16 1915 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7th 1915, to Feb 15 1915, that I saw h alive on Feb 15 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Independent (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Resulting ex hemorrhage

(Duration) ... yrs. ... mos. ... dys.

(Signed) R B Norment M. D.

Feb 16, 1915. (Address) 354 Cleveland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters DATE OF BURIAL, Feb 18, 1915

20-UNDERTAKER Martin Fahey & Sons ADDRESS 606 Lafayette Ave

Please fill out all questions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C82803

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Meek Jr.

(Residence in Baltimore: No. 1638 E. Fayette St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, October (Month) 31 (Day), 1889 (Year)

7-AGE, 25 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cane Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Fred Meek Sr

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ellen Robotom

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Meek

(Address) 1638 E Fayette st

15- FEB 16 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Feb 14 1915, that I saw him alive on Feb 14 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Asthenia Due to Paralysis

(Duration) yrs. mos. 1 ds.

(Signed) Edward J Cox M. D.

2/14, 1915 (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Feb 16, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2034 Jefferson st

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82804

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 605 N. Montford Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Briggs

(Residence in Baltimore: No. 605 N. Montford Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
About 65 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Briggs

(Address) 605 N. Montford Ave

15- Filed FEB 16 1915, 191... HARRY O ... Registrar. Burial Permit Oles...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14th 1915 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 8 1915, to Feby 14 1915, that I saw h[illegible] alive on Feby 13 1915, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia,

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Rudolph C. Ruemmler M. D.

Feby 14 1915. (Address) 2703 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb. 17/15 191...

20-UNDERTAKER	ADDRESS
Christian Miller 2334	Jefferson St

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82805 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 C82805

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Glover ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Frederick Miller

(Residence in Baltimore: No. 406 N. Glover St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 23rd (Month) (Day), 1863 (Year)

7-AGE, 51 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Godfried Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lizzetta Dittmar

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Miller

(Address) 406 N. Glover St

15- FEB 16 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1913, to Feb 15 1915, that I saw him alive on Feb 14 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Left Side of Face (Operation)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 3 mos. ds.

(Signed) J. E. Ward M. D.

Feb 15, 1915 (Address) 1 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Immanuel Cemetery	Feb 18/15, 191...
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82806 — 43 — C82806

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Brunnett

(Residence in Baltimore: No. 616 N. Chester St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, September 2nd (Month), (Day), 1860 (Year)

7-AGE, 54 yrs. 5 mos. 12 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Frederick Rephorn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER E. Crump

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hatch

(Address) 2011 E. Monument St

15- FEB 16 1915 HENRY O. KIELMANSEGG Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14 (Month), (Day), 1915. (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11 1915, to July 14 1915, that I saw h[illegible] alive on July 13 1915, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration.....yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion from

Duration.....yrs. 6 mos. 7 ds.

(Signed) Adolph C. Eisenberg M. D.

July 17, 1915. (Address) 2203 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb 17/15, 191...
20-UNDERTAKER	**ADDRESS**
Christian Miller 2334	Jefferson ST

Cause of death to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C82807

C82807

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 647 George street, ST.: 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Elliott,

(Residence in Baltimore: No. 647 George street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH. August (Month) 5th (Day), 1867. (Year)

7-AGE. 47 yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Towson,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Annie M. Frisby,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Elliott, husband,

(Address) 647 George street.

15- FILED FEB 17 1915 19.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. February (Month) 14th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation probably due to fatty infitration and atrophy of cardiac muscle; deceased very corpulent

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) H. Frederick Hemple M. D. (Coroner.)

Feb. 15, 1915. (Address) 1103 Valley street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb. 17., 1915

20-UNDERTAKER J. H Joadwin — ADDRESS 142 w Hill st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82808

CERTIFICATE OF DEATH.

8/ C82808

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 N. Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Hoffenkorn

(Residence in Baltimore: No. 1040 N. Stricker St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 5 (Month) (Day), 1854 (Year)

7-AGE, 60 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Adam Hoffenkorn

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Theresa Buxbaum

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecilia Hoffenkorn

(Address) 1040 N. Stricker st

15- FEB 17 1915. ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1912, to Feby 15 1915, that I saw him alive on Feby 14 1915, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 4 ds.

(Signed) Louis P. Hamburger M. D.

Feby 15, 1915 (Address) 120 7 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai DATE OF BURIAL, Feb 17, 1915

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson ave

Section of certificate in plain letters, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82809

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for Women of Md. - REGISTERED No. C

CITY OF BALTIMORE: (No. Lafayette Ave - John ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hortense Eleanor Meyers

(Residence in Baltimore: No. 112 N. Rose St. St.; yrs. 9 mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 6 (Day), 1894 (Year)

7-AGE, 20 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Meyers

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Eleanor Clarke

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Herbert Meyers. 112 Rose St.

15- Filed FEB 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9 1915, to Feb. 16 1915, that I saw her alive on Feb. 16. 1915, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Diptheria

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pyelitis

(Duration) yrs. mos. 21 ds.

(Signed) W. H. Morris M. D.

Feb. 17., 1915. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feb. 18, 1915
20-UNDERTAKER William Cook	ADDRESS 502 E. Balto

12 M.

IMPORTANT. See instructions on back of certificate. Cause of Death must be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82810 28 C82810

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S Turner

(Residence in Baltimore: No. 6 S Gilmor St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 5th, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper Hotel

9-BIRTHPLACE, (State or Country), Montgomery Co Md

PARENTS.

10-NAME OF FATHER, Richard B.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A. Edelin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sarah V. Krucker

(Address) 6 So. Gilmour St

15- Filed FEB 17 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1915, to Feb 15 1915 that I saw h... alive on Feb 14 1915 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Burns F. Phillips M. D.

Feb 16, 191.5 (Address) 1929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Olivet

DATE OF BURIAL. Feb 18, 1915

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St

Important. See that all points are filled, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82811

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82811

CERTIFICATE OF DEATH

92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2212 Cambridge ST.; 1 66 WARD)

(if death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Jubb

(Residence in Baltimore: No. 2212 Cambridge St.; 2 yrs. 11 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Feb. (Month) 20 (Day), 1912 (Year)

7-AGE: 2 yrs. 11 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: George W. Jubb

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Margaret Killeen

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo W Jubb

(Address) 2212 Coudridge St

15- Filed FEB 17 1915 ROBERT F. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 1915, to, Feb 15 1915, that I saw h-er alive on Feb 15 1915, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. D.

2/16-9 191.. [Address] 270 Courtenay

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem	Feby 18, 1915
20-UNDERTAKER	ADDRESS
J Kerwood Co	2008 Orleans

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82812

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82812

CERTIFICATE OF DEATH.

89

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1412 Baltimore Ave ST.: 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Wagley -

(Residence in Baltimore: No. 1412 Baltimore Ave St., yrs., 10 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6 DATE OF BIRTH: March (Month) 28 (Day), 1914 (Year)

7 AGE, ... yrs. 10 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8 OCCUPATION.
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10 NAME OF FATHER: Arthur Wagley -

11 BIRTHPLACE OF FATHER (State or Country): Md.

12 MAIDEN NAME OF MOTHER: Myrtle Moorburger

13 BIRTHPLACE OF MOTHER (State or Country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Wagley -

(Address) 1412 Baltimore Ave

15 FEB 17 1915 ROBERT . KRAETER, Filed ....., 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH: Feb (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ..... yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) 1 yrs. 1 mos. 1 ds.

(Signed) Ed Schaefer M. D.
(Coroner.)

Feb 17, 1915. (Address) 617 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb 19th, 1915

20 UNDERTAKER: E Schlosman & Son — ADDRESS: 539 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82813 + 41 C82813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Gunner.

(Residence in Baltimore: No. 710-3rd St. Highlandtown, Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 13th, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER, Thomas Gunner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigunda Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Gunner

(Address) 710 3rd St.

15- Filed FEB 17 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1914, to Feb 15 1915, that I saw h.im alive on Feb. 15 1915, and that death occurred, on the date stated above, at 9½ a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pneumonia

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma Colon (Operation)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. E. Dandy M. D.

Feb. 16, 1915. (Address) 710 3rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 8 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 710 3rd St. Highlandtown Md

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Feb. 18th, 1915.

20-UNDERTAKER Lilly & Geier ADDRESS 403 S. Wolfe St.

Please write in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82614 — 19 C82614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Watkins

(Residence in Baltimore: No. 676 Pine Alley St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lea Price

(Address) 642 Pen Alley

15-

Filed FEB 17 1916 ROBERT J. KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Feb 16 1915, that I saw him alive on Feb 15 1915, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilatation

..... (Duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

Morbus (Duration) .....yrs. ..... mos. 3 ds.

(Signed) Chas. C. Ayres M. D.

Feb 16, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 31 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 676 Pine Alley

19-PLACE OF BURIAL OR REMOVAL, N.W. Woodlawn Cem. DATE OF BURIAL, Feb 18, 1915.

20-UNDERTAKER Robt A Elliott ADDRESS 506 Rogers

CAUSE OF DEATH to be plainly written in ink, and terms as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82615

CERTIFICATE OF DEATH.

28 C82615

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 503 N. Paca street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Jobes,

(Residence in Baltimore: No. 503 N. Paca street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, October (Month) 8th (Day), 1892, (Year)

7-AGE, 22 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clothes presser,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Jefferson Webb,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Maggie Robinson,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggia Webb, mother,

(Address) 503 N. Paca street,

15-

Filed FEB 17 1915, 191.....

(Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14th (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kempel, (Coroner.) M. D.

Feb. 15th 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W. Laurel	Feb 17, 1915
20-UNDERTAKER	ADDRESS
Samuel Burch	Belvidere

C82816

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82816

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hosp ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacobs Kennedy

(Residence in Baltimore: No. 1730 Gough St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 11th (Day), 1848 (Year)

7-AGE. 67 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Kennedy

(Address) 1730 Gough St

15- Filed FEB 17 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Fall from street car

(Duration) ....yrs....mos....ds.

(Signed) Elijah L. Powell M. D. (Coroner.)

Feb 17th, 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence 1730 Gough St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 18 1915

20-UNDERTAKER John A Horan & Co — ADDRESS Same

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82817

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1st Elizabeth's Home St.; 4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Vincent Reynolds

(Residence in Baltimore: No. 1 St Paul St.; St.; 1 yrs. 8 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 5 (Day), 1913 (Year)

7-AGE: 1 yrs. 8 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Richard Wilson

11-BIRTHPLACE OF FATHER (State or country): Del.

12-MAIDEN NAME OF MOTHER: Ella Reynolds

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rev. M. Mildred

(Address) St. Elizabeths Home

15-

Filed ..... 191 ROBERT ..... KNOLLER

Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1913, to, Feb 16 1915, that I saw h.. alive on Feb 15 1915, and that death occurred, on the date stated above, at ..... P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) yrs. ..... mos. 8 ds.

Contributory (SECONDARY)

..... (Duration) yrs. ..... mos. ..... ds.

(Signed) Edgar B Friedenwald M. D.

Feb 17, 1915 [Address] 606 Fidelity Bldg

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 14 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: Feb 17, 1915

20-UNDERTAKER: Rev. M. Wreland

ADDRESS: 617 Robert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82818

CERTIFICATE OF DEATH.

79 C82818

1-PLACE OF DEATH, CITY OF BALTIMORE, (No.) 1604 Division ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Whiting

(Residence in Baltimore: No. 1604 Division St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, CA

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, — — 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Cook
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ~~Md~~ Va

PARENTS.

10-NAME OF FATHER, Frank Whiting

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Whiting

(Address) 1604 Division St

15-FEB 17 1915 ROBERT . KRAUTER, Registrar.

Filed....., 19..

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb — 15, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23 1914 to Feb 14 1915, that I saw him alive on Feb 14 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

probably

(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

Feb 16 1915 (Address) 1102 E. Fillmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem — DATE OF BURIAL, Feb. 18., 1915

20-UNDERTAKER Geo. H. Holland — ADDRESS 511 Robert St.

important. See instructions on back of certificate. ...ery clothed. Exact statement of OCCUPATION is very ...y physician

C82819

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

6C82819

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2929 W. North ave ST.: 15 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lamartine Bishop

(Residence in Baltimore: No. 2929 W. North ave St.: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 17, 1848 (Month) (Day) (Year)

7-AGE: 66 yrs. 9 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer): U.S.P.O.

9-BIRTHPLACE (State or country): Baltimd.

PARENTS

10-NAME OF FATHER: Wm. Bishop

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Louisa Fuller

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Dora Bishop

(Address): 2929 W. North ave

15. Filed FEB 17 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 16", 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11", 1915, to Feb 16", 1915, that I saw h alive on Feb 15", 1915 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 5 d.

Contributory (SECONDARY): Paralysis

(Duration) yrs. mos. 5 d.

(Signed) Herbert E. Zepp M.

Feb 17", 1915 (Address) 3050 W. N. ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. d

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feby. 18, 1915

20-UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St.

• AFFIDAVIT •

C82820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C82820

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Sq. Hosp ST.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schaeffer

(Residence in Baltimore: No. 1704 W. Lexington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... (Month) 2 (Day) 1841 (Year)

7-AGE, 74 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Young

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Chiswell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. W. Jordan

(Address) Silver Spring Md.

15- HARRY O. ANDREWS

Filed FEB 17 1915 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml. Ulman M. D. (Coroner)

Feb. 17th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1704 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL, Barnesville Md. DATE OF BURIAL, Feby. 18, 1915

20-UNDERTAKER E. M. Mitchell ADDRESS 1010 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

C82821

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82821

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Elliott ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kropkowski

(Residence in Baltimore: No. 3127 Elliott St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sep (Month) 16 (Day), 1914 (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kropkowski

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Mary Sierks

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kropkowski

(Address) 3127 Elliott St.

15- Filed FEB 17 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1915, to Feb 16 1915, that I saw him alive on Feb 16 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(b)

(c)

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Fallon M. D.

Feb 16, 1915. (Address) 3035 Odonnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, Feb 18, 1915.

20-UNDERTAKER Stephen J Fallkowski

ADDRESS 1027 S Kenwood Ave

important. See instructions on back of certificate.

C82822

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 C82822

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2732 O'Donnel ST. 1 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Oles

(Residence in Baltimore: No. 2732 O'Donnell St. St.; yrs. 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 14, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Joseph Oles

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Apolonia Haynacka

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Oles

(Address) 2732 O'Donnell St

15-
FEB 17 1915
Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ ..... , 191.... to Feb 16 1915.
that I saw h~~im~~er alive on Feb 16 , 1915.
and that death occurred, on the date stated above, at 4 p. m.
The CAUSE OF DEATH* was as follows:

Edema of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo Kaluzny M. D.
2/17, 1915 (Address) 1116 S Eaton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: Feb 18, 1915

20-UNDERTAKER: Stephen J Fialkowski — ADDRESS: 1823 S Kenwood Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C82823

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1123 N. Ellwood ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Andrysiak

(Residence in Baltimore: No. 1123 N. Ellwood ave St.; yrs., mos. 1 hr ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Feby (Month) 16 (Day), 1915 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 1 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Andrysiak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jadwiga Jaworska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Andrysiak

(Address) 1123 N. Ellwood Ave

15- FEB 17 1915 HARRY O ANDREWS, Registrar.
Filed....., 191... Burial Permit.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feby (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) David W. Jones M. D. (Coroner.)

Feby 17, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Feb-18, 1915
20-UNDERTAKER	**ADDRESS**
Stephen J Trakowski	1027 S Kenwood Ave

I. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 64 C82824

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie J. Pritchard

(Residence in Baltimore: No. Mannington W. Va St.: ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. 13, (Month) (Day) 1859 (Year)

7-AGE, 55 yrs. 10 mos. 4 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Marion Mannington W. Va

PARENTS.

10-NAME OF FATHER, Alpheus P. Prichard

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Milly A. Furbee

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred A. Prichard

(Address) Mannington, W. Va

15- FEB 17 1915 HARRY O. ..., Filed....., 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1914, to Feb. 17 1915, that I saw h.r alive on Feb. 17 1915, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

1. ..... Senile Colitis sclerosis

2. .....

3. ..... (Duration) ....yrs. Four Years ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Edward P. Smith M. D.

Feb. 17, 1915. (Address) Mannington W. Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 7 ds. In the State ....yrs. 2 mos. 7 ds.

Where was disease contracted, if not at place of death? Mannington W. Va.

Former or usual residence Mannington W. Va

19-PLACE OF BURIAL OR REMOVAL, Mannington, W. Va. | DATE OF BURIAL, 2/17....., 1915.

20-UNDERTAKER Henry W. Mears & Son | ADDRESS 805 N. Calvert St

important. See instructions on back of certificate. ... property classified. Exact statement of OCCUPATION is very

C828825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C828825

81

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 158 W. Hamburg St. 23 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frances Lawrence

(Residence in Baltimore: ~~No.~~ 158 W Hamburg St.; Life yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7 AGE: 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Elizabeth Lewis

(Address) 158 W Hamburg

15 FEB 18 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1915, to Feb 15 1915, that I saw h— alive on Feb 14, 1915, and that death occurred, on the date stated above, at 2 — m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), L. A. Keene M. D.

Feb. 17, 1915 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn et — DATE OF BURIAL: Feb. 19, 1915

20 UNDERTAKER: J. E. Brown & Sons — ADDRESS: 1 & N. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82826

CERTIFICATE OF DEATH.

91 C82826

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Dobson's Court St.; 18 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ruxton Mason

(Residence in Baltimore: No. 17 Dobson's Court St.; ——yrs. 4 mos. ——ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Oct 24 (Month) (Day), 1914 (Year)

7-AGE. — 4 — yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Maryland -

PARENTS.

10-NAME OF FATHER, John Mason

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Bessie Seals -

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Booker

(Address) 654 Dider Al.

15- FEB 18 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 16 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to Feb 16 1915, that I saw him alive on Feb 15 1915, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

(Signed) L. S. Douglass M. D.

2-16-, 1915. (Address) Provin. Hosp. Disp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Feb 19, 1915
20-UNDERTAKER	ADDRESS
V. E. Brown & Son	1080 Mount St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Sidney H. Waters

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82827

CERTIFICATE OF DEATH.

C82827

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Calhoun ST. ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Helen Waters

(Residence in Baltimore: No. 1346 Calhoun St St.; yrs. mos. ds.)

Known to tuberculous nurses known as Sydney Waters

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1845 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknow

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (State or Country) Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Clark

(Address) 1317 Hustead St

15- Filed FEB 18 1915 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20th 1914, to Feb 16th 1915, that I saw h— alive on Feb 15th 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Immediate

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. — ds.

(Signed) A. B. Smith M. D.

Feb 15th 1915 (Address) 1W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Odd Fellows — DATE OF BURIAL, Feb 19, 1915

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pennsylvania

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C82828

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82828

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1332 N. Fremont ave. St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene S. Webb,

(Residence in Baltimore: No. 1418 N. Vincent str. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, January 19th, 1881.
(Month) (Day) (Year)

7-AGE, 34 yrs. 0 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William Webb,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Louisa Owens,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Webb, sister,

(Address) 1418 N. Vincent street.

15-FEB 18 1915 ROBERT . KRAUTER,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner)

Feb. 17, 1915. (Address) 1103 Valley st.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State ....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 18, 1915

20-UNDERTAKER James H. Dunn — ADDRESS 1302 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82829

64 C82829

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Booth St. 18 WARD)

2-FULL NAME Sarah Boulden

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 917 Booth St.; 68 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1847 (Year)

7-AGE: 68 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Boulden

(Address) 917 Booth St

FEB 18 1915 Filed ..., 191... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 16 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1, 191 5, to, Feb 16 191 5, that I saw h... alive on Feb 15 191 5, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs ... mos ... ds.

Contributory (SECONDARY): Pulmonary Oedema

(Duration) ... yrs ... mos. 3 ds.

(Signed), F. M. Howard M. D.

Feb 16, 191 5. [Address] Bykert & 22

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem'y

DATE OF BURIAL: Feb 18, 191 5

20-UNDERTAKER: Alfred Raccord

ADDRESS: 114 n Schroeder st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82830

CERTIFICATE OF DEATH.

C82830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Stockton ST.; 16 WARD)

REGISTERED No. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Randolph

(Residence in Baltimore: No. 1118 Stockton St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Infant

6-DATE OF BIRTH, Oct. (Month) 18 (Day), 1914 (Year).

7-AGE, ...yrs. 4 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. Frank H. Randolph

11-BIRTHPLACE OF FATHER (State or Country). Petersville Va.

12-MAIDEN NAME OF MOTHER Katie Stovall

13-BIRTHPLACE OF MOTHER (State or Country). Manchester Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank H. Randolph.

(Address) 1114 Stockton St.

15- FEB 18 1915 Filed ....., 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1915, to Feb 16 1915, that I saw him alive on Feb. 16 1915, and that death occurred, on the date stated above, at 9-35 a. m.

The CAUSE OF DEATH* was as follows:

a. Broncho-pneumonia

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. L. McCarthy M. D.

Feb. 17, 1915. (Address) 606 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL, Feb. 18., 1915

20-UNDERTAKER Felix B Poe

ADDRESS 102 E Mulberry St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST.; 14 WARD)

REGISTERED No. C 170 C82831

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr William J. Heim

(Residence in Baltimore: No. 1624 Mc Culloch St.; ...yrs.,...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, November 13th, 1850.
(Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(h) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Harpers Ferry West Virginia

PARENTS.

10-NAME OF FATHER, Jacob B Heim

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER Anna C. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark L Heim

(Address) 1624 Mc Culloch St

15- Filed FEB 18 1915. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1915, to Feb 17 1915, that I saw h m alive on Feb 16 1915, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis.

(Duration) ...yrs. 8 mos. ...ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) ...yrs. ...mos. 3 ds.

(Signed) A. Lee Hechet M. D.

2/17/15 191... (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 4 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1624 Mc Culloch St

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, 2-19-1915

20-UNDERTAKER H. W. Jenkins & Son Co — ADDRESS Orchard Inc Culloch St

important. See instructions on back of certificate.

Spec.—5-12-13—M. & T.—500 Blks.

C82832

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82832

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N Central av ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ardella Gittings

(Residence in Baltimore: No. 427 N. Central av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 31, 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Parker

(Address) 520 N Central av

15- Filed FEB 18 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 191 , to Feb 16 191 5 that I saw h alive on Feb 16 191 5 , and that death occurred, on the date stated above, at 10 5/0 m.

The CAUSE OF DEATH* was as follows:

Consumption Lung

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Barnes M. D.

Feb 17, 191 5 (Address) 27 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Feb 18, 1915

20-UNDERTAKER Charles P. Jones

ADDRESS 504 Rogers

Property changed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82633

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C82633

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 530 Orchard St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Spencer

Residence in Baltimore: No. 530 Orchard St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Mulatto

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... (Day) 1 (Year)

7-AGE: 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Spencer

(Address) 530 Orchard St

15- FEB 18 1915 Filed 191

ROBERT . KRAUTER
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 15 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12, 1915, to, Feb 15 1915, that I saw h[er] alive on Feb 15 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Subacute Nephritis

(Duration) ..... yrs. ..... mos. 12 ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed), H. S. McCard M. D.

2/16, 1915 [Address] 2005 Hillen

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Jean Cemet

DATE OF BURIAL: Feb 18 1915

20-UNDERTAKER: Charles P. Jones

ADDRESS: 504 Rogers Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(82534)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 14 (82534)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 401 N Broadway ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ner Naiju

(Residence in Baltimore: No. 401 N Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Yellow

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 187- (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): China

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): China

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): China

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Wo Der Kingston

(Address) 220 S Calhoun St.

15- Filed FEB 18 1915 ROBERT . KRAUTER, Registrar.

19- Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah L. Cusgett M. D. (Coroner.)

Feb 17, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemety. DATE OF BURIAL, Feby 21st 1915

20-UNDERTAKER E. M. Mitchell ADDRESS 1201 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C82835

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82835

CERTIFICATE OF DEATH.

120

REGISTERED NO. C [redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 N. Milton Ave ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Morgan

(Residence in Baltimore: No. 144 N. Milton Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1863 (Year)

7-AGE, 51 yrs. 4 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Brookes

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary J. Buck

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles T. Morgan

(Address) 144 N. Milton Ave

15- Filed FEB 18 1915, ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany. 10 1915, to Feb. 16 1915, that I saw h[illegible] alive on Feb. 15 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cr. Just Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pernicia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Fred Carruthers M. D.

Feb 17, 1915. (Address) 2229 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Feb. 17, 1915

20-UNDERTAKER H. Sauter & Sons ADDRESS 1710 Eliot St.

important. See instructions on back of certificate.

C82836

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82836

CERTIFICATE OF DEATH.

15

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 24 N Hare ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hall

(Residence in Baltimore: No. 24 N Hare St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, Feb 17th, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 11 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie N Richard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George D Hall

(Address) 24 N Hare St

15- FEB 18 1915 ROBERT F. KRAUTER, Burial Permit Clerk.

Filed ..... 19.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atalectasis Neonatorum

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah V Emerson M. D.
(Coroner.)

Feb 17, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Family Cemetery	Feb 18, 19 15
20-UNDERTAKER	ADDRESS
Wendell Dilg & Co	314 Cross St

Spec.—5-19-13—M. & T.—500 Bks.

Anna L. Wilhoyte

C82637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82637

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Ridgwood ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna L. Wilhoyte

(Residence in Baltimore: No. 1918 Ridgwood St.; ....yrs.... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, March 23, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS:

10-NAME OF FATHER, Louis C. Wilhoyte

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Malbecher

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louis Wilhoyte

(Address) 1918 Ridg. Av

15- Filed FEB 18 1915, 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 5th 1915, to July 16 1915, that I saw her alive on July 15 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia
2. Mal Heart

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Grad. Malformed Inability to take nourishment

(Duration) ....yrs. 1 mos. ....ds.

(Signed) E. Emmett L. M. D.

July 16 1915 (Address) 1605 W North Ave

*State the DISEASE causing DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb 18, 1915

20-UNDERTAKER Josiah Syfer ADDRESS 1600 W North Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82638 CERTIFICATE OF DEATH x 79 C82638

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Hewson.

(Residence in Baltimore: No. Pikes Ville, Maryland St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Unknown

6-DATE OF BIRTH: Unknown (Month) ..... 1 (Day) ..... (Year)

7-AGE: 36 yrs. mos. ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9-BIRTHPLACE (State or country): Unknown

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. E. Clark

(Address) 1377 N. Gilmor St.

15- Filed FEB 18 1915 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 16th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1915, to, Feb 16th 1915, that I saw her alive on Feb 16th 1915, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation and Mitral Insufficiency.

(Duration) Indefinite yrs. mos. ds.

Contributory (SECONDARY) General Anasarca

(Duration) Indefinite yrs. mos. ds.

(Signed) Charles E Clark M. D.

Feb. 17 1915. [Address] 1377 N. Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 1 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Pikesville Md.

19-PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. — DATE OF BURIAL: FEB 17 1915

20-UNDERTAKER: Commissioner Health — ADDRESS

FOR ANATOMICAL PURPOSES.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82539 X 1 C82539

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Penter.

(Residence in Baltimore: No..... Kennedyville Maryland. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Unknown (Month) ..... (Day) U / (Year)

7-AGE: 22 yrs. - mos. - ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Farm-laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Austria.

PARENTS

10-NAME OF FATHER	Unknown
11-BIRTHPLACE OF FATHER (State or country)	Unknown.
12-MAIDEN NAME OF MOTHER	Unknown.
13-BIRTHPLACE OF MOTHER (State or country)	Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles E. Clark.

(Address) 1377 N. Gilmor

15- Filed FEB 18 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 in 1914, 191..., to Feb. 16 1915, that I saw him alive on Feb. 15 1915, and that death occurred, on the date stated above, at 12/01 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) - yrs. 1 mos. 21 ds.

Contributory (SECONDARY)* Epistaxis & Intestinal Hemorrh

-age. (Duration) - yrs. - mos. 4 ds.

(Signed), Charles E. Clark M. D.

Feb. 16 1915. [Address] 1377 N. Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS] Unknown

At place of death - yrs. One mos. 17 ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Kennedyville Md.

Former or usual residence Kennedyville Md.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
COLLEGE OF P. & S.	FEB 17 1915 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82540

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C82540

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 527 Orchard ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Valentine

(Residence in Baltimore: No. 527 Orchard St.; 80 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH March — (Month) (Day) 1834 (Year)

7-AGE 80 yrs. 11 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Cook

9-BIRTHPLACE (State or country): 2. N.C. Md

PARENTS

10-NAME OF FATHER: Spencer Boulden

11-BIRTHPLACE OF FATHER (State or country): 2 N.C. Md

12-MAIDEN NAME OF MOTHER: Harriet —

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Solomon A. Bond

(Address) 527 Orchard St

15- FEB 18 1915 Filed ..... 191.....

ROBERT F. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 6th, 1915, to, February 16th 1915, that I saw her alive on February 12 1915, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis (Duration) — yrs 1 mos 7 ds.

Contributory (SECONDARY) Cardiac Bronchitis

Dropsy (Duration) yrs 1 mos 7 ds.

(Signed), Edward Duckworth M. D.

Feb 17th 1915 [Address] 329 W. North Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 2-18 1915

20-UNDERTAKER: Jno H. Toadvine — ADDRESS: 142 W. Hill St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82841

CERTIFICATE OF DEATH.

91 C82841

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 291 N. Exeter St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Fell

(Residence in Baltimore: No. 291 N. Exeter St St.; 29 yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 18 (Day), 1846 (Year)

7-AGE, 68 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Groc)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Fell

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bluma Fell

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jack Levy

(Address)..... 1419 E. Baltimore St

15- FEB 18 1915 ROBERT . KRAUTER Burial Permit Clerk.

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1915, to Jan. 17 1915, that I saw h[illegible] alive on Jan 17 1915, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Emphysema

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 14 ds.

(Signed) Wm. B. Schapiro M. D.

Feby 18, 1915. (Address) 2431 McCulloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 291 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Int. Carmel Rd. DATE OF BURIAL, 2/18 191.5

20-UNDERTAKER Jack Levy ADDRESS 1419 E. Baltimore St

important. See instructions on back of certificate. Property of Baltimore. Exact statement of OCCUPATION is very

C-82842 HEALTH DEPARTMENT—CITY OF BALTIMORE 95 C82842

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Jail St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME James Young

(Residence in Baltimore: No. 1505 Mulliken St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, —, 1 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or mdn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Bentry Young.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary E —

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Young (Mother)

(Address) 1505 Mulliken St

15- FEB 18 1915 Filed, 191. ROBERT . KRAUTER, Burial Permit Otcr'y Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (~~Inquest, an~~ Autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (~~Jurquest, an~~ Autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Septic~~ Pulmonary Tuberculosis.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Septic Pericarditis

(Duration) yrs. mos. 2 ds.

(Signed) J. Gott Kahnweiler M. D. (Coroner.)

Feb. 15. 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury C DATE OF BURIAL, Feb 18, 1915

20-UNDERTAKER Robt A Elliott ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82843

C82843

CERTIFICATE OF DEATH

REGISTERED No. C 172

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1117 N. Fulton Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary G. Culberson

(Residence in Baltimore: No. 1117 N. Fulton Ave St.; 30 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 4th (Month) (Day), 1862 (Year)

7 AGE: 53 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Uniontown, Md

PARENTS

10 NAME OF FATHER: John S. Trailblaiss

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Do not Know

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Hedges,

(Address) 1117 N. Fulton Ave

15. Issued FEB 18 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 16th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1915, to Feb 16th 1915.

that I saw her alive on Feb 16th, 1915.

and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Was due D an accidental fall, which caused a large wound on left knee, + death was due D an Embolis (Duration) four yrs. wound 4 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Amelia V. Zimmerman M. D.

Feb 17th, 1915 (Address) 1805 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery, Baltimore Co Md

DATE OF BURIAL: Feb 19, 1915

20 UNDERTAKER: Will Routson

ADDRESS: 230 N Greene

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82844

C82844

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Holbrook ST. 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Keys Gross

(Residence in Baltimore: No. 1707 Holbrook St. 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, August 30, 1879, 1 (Month) (Day) (Year)

7-AGE, 35 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. James Barrett

11-BIRTHPLACE OF FATHER (State or Country). New York, N. Y.

12-MAIDEN NAME OF MOTHER Emma Haines

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip C. Gross

(Address) 1707 Holbrook St.

15- FEB 18 1915 ROBERT . KRAUTER, Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1914, to Feb 16th 1915, that I saw h[er] alive on Feb 16th 1915, and that death occurred, on the date stated above, at 6-25 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jefferson Brack M. D.

Feb 17, 1915. (Address) 2646 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	2/19/15, 191...
20-UNDERTAKER	ADDRESS
Wm. H. Means & Son	805 N. Gaylord St.

important. See instructions on back of certificate. ... property classes. Each statement of OCCUPATION is very

C82845

HEALTH DEPARTMENT—CITY OF BALTIMORE

19 C82845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2226 E Northern St.; 8 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Deacon

(Residence in Baltimore: No. 2226 E North Ave

St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Dec 17th, 1853 (Month) (Day) (Year)

7-AGE: 61 yrs. 1 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Michale Masterson

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Deacon

(Address) 2226 E North Ave

15- Filed FEB 18 1915, 191... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

Feb 17th, 1915. (Address) 1423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catharine — DATE OF BURIAL, 3/20, 19..15

20-UNDERTAKER William Cook — ADDRESS 502 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82846

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82846

CERTIFICATE OF DEATH.

181

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital ST.: 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter P. Irvine

(Residence in Baltimore: No. 31 E. 21st St.

St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 2 (Day), 1882 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 2 mos. 15 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER, Carter P. Irvine

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER, Mary Reynolds

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane A. Irvine

(Address) 31 E. 21st St

15-

Filed FEB 18 1915, 191.. HARRY O. ADKINS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Flesh burns following short circuit

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Hunter Chambers M. D. (Coroner.)

Feb. 18, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dwelling House

Former or usual residence 316 21st St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Feby 19 1915

20-UNDERTAKER Chas. E. Crowe Est. ADDRESS 118 W. Mt. Royal Ave

Spec.—5-10-13—M. & T.—500 Bks.

C82847

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82847

CERTIFICATE OF DEATH.

15

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1548 N Bruce ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Neil

(Residence in Baltimore: No. 1548 N Bruce St.; 21 yrs., 11 mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 11 (Day), 1893 (Year)

7-AGE, 21 yrs. 11 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James S. Neil

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Georgia Simms

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Neil

(Address) 1548 N Bruce

15- FEB 18 1915 HARRY O ARCHER Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1915, to February 17 1915, that I saw her alive on February 16 1915, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) 1 yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Epistaxis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Charles E. Clark M. D.

Feb. 17, 1915. (Address) 1377 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Feb. 19, 1915

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8:2848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C8:2848

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Habraw Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignaz Straek

(Residence in Baltimore: No. 1206 Ellwood Ave St.; 3 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 30 (Day), 1867 (Year)

7-AGE, 52 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): factory

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, John Straek

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josefa Siva

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josefa Siva

(Address) 1206 Ellwood Ave

15- Filed FEB 18 1915, 191.. BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1915, to Feb 18, 1915, that I saw him alive on Feb. 18, 1915, and that death occurred, on the date stated above, at 2.45 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Bronchial Asthma

Aortic stenosis & regurgitation

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Embolism Instantaneous

(Duration) ....yrs. ....mos. — ds.

(Signed) M. B. Levin M. D.

....., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 3 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1206 Ellwood Ave

Former or usual residence 1206 Ellwood Ave

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Feb 20, 191.2.

20-UNDERTAKER Stephen L. Fuchowski — ADDRESS 1027 Aliceanna

Property Changes. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82849

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82849

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 Westwood Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Bloch

(Residence in Baltimore: No. 1836 Westwood Ave St.; yrs. 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 4 (Day), 1914 (Year)

7-AGE: yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Nathan Bloch

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Belle Weinstein

13-BIRTHPLACE OF MOTHER (State or country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathan Bloch

(Address) 1836 Westwood Ave

15. FEB 18 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1914, to, Feb 18 1915, that I saw h~~im~~ alive on Feb 18 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) Little's Disease

(Duration) ..... yrs 11 mos. 14 ds.

(Signed) Edgar F. Tuedenwald M. D.

Feb 18 1915 [Address] 1616 Eutaw Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebron Woodlawn

DATE OF BURIAL: 2/19, 1915

UNDERTAKER: Jack Lewis

ADDRESS: 1419 E Balt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82850

CERTIFICATE OF DEATH.

152 C82850

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 S Ellwood ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Krahl.

(Residence in Baltimore: No. 141 S Ellwood ave St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ...Feb. 17 Th...., 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Augusta Krahl.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth McGee

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Krahl.

(Address) 141 S Ellwood ave

15- Filed FEB 19 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Feb 18...., 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to Feb 18 1915, that I saw alive on Feb 18 1915, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

.....Atelectasis.....

.....

.....

..... (Duration)....yrs....mos. 1 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) C. J. Kaufmann M. D.

Feb 18, 1915. (Address) 2938 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forest Park — DATE OF BURIAL, Feb 19, 1915

20-UNDERTAKER John A Horan — ADDRESS Bank Annex

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82851

CERTIFICATE OF DEATH.

154 C82851

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110. N Payson ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Marley,

(Residence if Baltimore: No. 110. N Payson St.; 80 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Not Known ! (Month) (Day) (Year)

7-AGE: 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Chas Stewart.

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Mary M. Tucker

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry M. Marley.

(Address) 110 N Payson St.

15- Filed FEB 19 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1915, to Feb 17 1915, that I saw h er alive on Feb 16 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

Feb 18 (Duration) yrs. mos. ds.

(Signed) Edw Fenwick M. D.

Feb 18, 1915. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery

DATE OF BURIAL, FEB 21 1915

20-UNDERTAKER Geo. A. Kerbig

ADDRESS Balto & Payson Sts

important. See instructions on back of certificate.

C82852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C82852

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. R. R. Yards - Union Station ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Willard Trout

(Residence in Baltimore: No. 128 Mosher St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Single

6-DATE OF BIRTH: December 18, 1890
(Month) (Day) (Year)

7-AGE: 24 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): R. R.

9-BIRTHPLACE (State or Country): Balto. Co. Md

PARENTS.

10-NAME OF FATHER: James L. Trout.

11-BIRTHPLACE OF FATHER (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Elizabeth E. Rowe

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L. Trout.

(Address) 128 Mosher St.

15- FEB 19 1915 Filed, 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, ~~autopsy or inquiry.~~) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Run over by engine - tender -

Immediate (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. C. Saunders M. D.
(Coroner.)

Feb. 19, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Parkton Md

DATE OF BURIAL, Feb 21, 1915

UNDERTAKER: A. S. Marshall

ADDRESS: 359 Lib. St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82853

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82853

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Montebello and Gutman ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G Cunningham

(Residence in Baltimore: No. Montebello and Gutman aves St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Child

6-DATE OF BIRTH August 11 1914
(Month) (Day) (Year)

7-AGE 3 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Andrew Cunningham

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Kiggels

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A W Cunningham

(Address) Gutman & Montebello Ave.

15- Filed FEB 19 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 14, 1915, to, Feby 18 1915, that I saw him alive on Feby 18 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

5 days (Duration) yrs mos. 5 ds.

Contributory (SECONDARY) Suffocation

(Duration) yrs mos. 1 ds.

(Signed) H Young Westbrook M. D.

Feby 18 1915 (Address) 1618 Gorsuch ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feby 20, 1915

20-UNDERTAKER Stewart & Howen Co — ADDRESS 108 W North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82854 — 40 C82854

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 903 Pierce ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Cummings

(Residence in Baltimore: No. 903 Pierce St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem | 4-COLOR OR RACE: Colrd | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December (Month), 1 (Day), (Year)

7-AGE: 45 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): St Mary Co Md

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Susie Langley

13-BIRTHPLACE OF MOTHER (State or country): St Mary Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Rebecca Cummings

(Address): 903 Pierce St

15- Filed FEB 19 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1915, to, Feb 17 1915, that I saw h[er] alive on Feb 16 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cancer Gastric
M of Prostate
" Pleuro Pneumonia (Duration) yrs. mos. ds.
Contributory (SECONDARY) Cachexia
(Duration) yrs. 2 mos. ds.

(Signed) J Norwood M. D.
Feb 18 1915 [Address] 93 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Zion — DATE OF BURIAL: Feb 19, 1915

20-UNDERTAKER: John H Owens — ADDRESS: 1122 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FAKE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82855 — 45 — C82855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital X — REGISTERED NO. C

CITY OF BALTIMORE: (No. Fayette & Calhoun St.) 19 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reed

(Residence in Baltimore: No. Franklin Sq Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ? (Month) ? (Day) 1? (Year)

7-AGE, About 50 yrs. ? mos. ? ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C F Dodd

(Address) Chesterlown md

15- Filed FEB 19 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1915, to Feb. 19 1915, that I saw h-- alive on Feb. 19 1915, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Penis

(Operation) .....

(Duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Passive Embolus

(Duration) ? yrs. ..... mos. 2 ds.

(Signed) Geo. A. Swan M. D.

Feb 19, 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Chestertown, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chestertown md	July 20, 1915
20-UNDERTAKER Stewart Clown Co	ADDRESS 1087 W North Ave

important. See instructions on back of certificate.

C82856

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82856

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 233 N. Fremont St.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Lee

(Residence in Baltimore: No. 233 N. Fremont St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	colored	widow

6-DATE OF BIRTH ..... Oct 27, 1842 (Month) (Day) (Year)

7-AGE ..... 72 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Thomas Roberts

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Lee

(Address) 233 Fremont St

Filed FEB 19 1915, 19... ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... Feby 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 11, 1915, to, Feby 18 1915, that I saw h.. alive on Feby 17, 1915, and that death occurred, on the date stated above, at —, — m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed), ... M. D.

Feby 18, 1915 (Address) 528 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Md — DATE OF BURIAL: Feb 21, 1915

20-UNDERTAKER: L L Brandt & Son — ADDRESS: 1080 W. Fredg St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82857

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82857

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 110 W. Montgomery St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Hughes

(Residence in Baltimore: No. 110 W. Montgomery St. St.: ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) ..... (Day), 1854 (Year)

7-AGE: 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie Carroll

(Address) 110 W. Montgomery St

15. Filed FEB 19 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to Feb 17 1915, that I saw him alive on Feb 16, 1915, and that death occurred, on the date stated above, at 4:30 a m.
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed), H. A. Smith M. D.

Feb 17, 1915 (Address) 1 W. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: Feb 20, 1915

20-UNDERTAKER: L. L. Bourg & Son — ADDRESS: 108 N. Monroe St

C82658

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C82658

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2569 W. Lombard St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lukenitz

(Residence in Baltimore: No. 2569 W. Lombard St.; 6 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Unknown, 1 \ (Month) (Day) (Year)

7-AGE: 58 \ \ yrs. mos. ds. If LESS than 1 day, ... hrs. or \ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labourer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Hungary.

PARENTS

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (State or country): Hungary.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Hungary.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Labor Inquirer

(Address) 2569 W. Lombard St.

15 Filed FEB 19 1915 ROBERT . KRAUSS, Asst. Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1915, to, Feb. 18, 1915, that I saw h[im] alive on Feb. 16, 1915, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho- Pneumonia,

(Duration) \ yrs. 1 mos. ds

Contributory (SECONDARY) Unknown

(Duration) \ yrs. \ mos. \ ds.

(Signed) Albert F. Chambers M. D.

Feb. 18, 1915 (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 20th 1915

20-UNDERTAKER: F B Kaufelt — ADDRESS: 38½ Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

082659

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 082659

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 416 E Randall St. 11th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph O'Donnell

(Residence in Baltimore: No. 416 E Randall St. St.: ... yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 14th (Month) (Day), 1915 (Year)

7 AGE: ... yrs. ... mos. 5 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Stone

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Joseph F. O'Donnell

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary McConnell

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. J. O'Donnell

(Address) 107 E West St

15 Filed FEB 19 1915 ROBERT . E... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 19th (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1915, to Feb 19th 1915, that I saw h... alive on Feb 19th, 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Sub dural Haemhorge

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) T. J. O'Donnell M. D.

Feb 19th, 1915 (Address) 107 E West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Feb 19 1915

20 UNDERTAKER: J. J. Gallagher | ADDRESS: 1918 Eight St.

Spec.—8-24-14—M. & T.—2000 Blks.

C82860

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82860

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N. Luzerne ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine V. Hubley

(Residence in Baltimore: No. 1410 N. Luzerne St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, February 3, 184- (Month) (Day) (Year)

7-AGE, 70 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Jacob Ellisorde

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy E. Taylor

(Address) 1410 N. Luzerne

15- Filed FEB 19 1915, 191.... ROBERT [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15 191[illegible], to Feb 18 191[illegible], that I saw her alive on Feb 18 191[illegible], and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) 10 yrs. mos. ds.

(Signed) B. P. Herzog M. D.

Feb 18, 1915. (Address) 1305 N. Patterson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Shippensburg Pa — DATE OF BURIAL, 2/21, 191..

20-UNDERTAKER Wm Cook — ADDRESS 502 E. N. Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

important. See instructions on back of certificate. ...e property chairman. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C82861~~ 91 C82861

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. Streeper St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin E. Mooney

(Residence in Baltimore: No. 1100 S. Streeper St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 10 (Month), 1914 (Day) (Year)

7-AGE, 1 yrs. mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thomas E. Mooney.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Johanna Miller

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie R. Mooney

(Address) 1100 Streeper St.

15- FEB 19 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/17/15 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I attended deceased from 2/14/15 191, to 2/17/15 191, that I saw him alive on 2/17/15 191, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

.....

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

Influenza (Duration).....yrs.....mos. 10 ds.

(Signed) F. E. Brennemann M. D.

2/18/15 191... (Address) 2919 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Farm Cem. DATE OF BURIAL, Feb. 19..., 1915

20-UNDERTAKER Wm. Cook ADDRESS 502 E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C82862

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82862

CERTIFICATE OF DEATH.

50

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Mercy Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh F. Byrne

(Residence in Baltimore: No. 2820 Boston St St.: 17 yrs, mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Feb. 8 (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret S. Byrne

(Address) 2820 Boston St

15-

Filed FEB 20 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1915 (Year)

17c I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Feb. 19 1915, that I saw him alive on Feb. 19 1915, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. Short time ds.

CONTRIBUTORY (Secondary) Gangrene of foot

(Duration) 6 yrs. 2 mos. 10 ds.

(Signed) Edward L. Smith M. D.

Feb. 19, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2820 Boston St

Former or usual residence 2820 Boston St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Feb 22 191 5

20-UNDERTAKER Lilly & Zibn ADDRESS 403 W Fay St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82863 C82863

CERTIFICATE OF DEATH.

× 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dudley Eubanks.

(Residence in Baltimore: No. Hutchins Ave. Govans Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, November 25, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robt Eubanks.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Dollie Sargent

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Rieh.

(Address) Johns Hopkins Hosp.

15- FEB 20 1915 HARRY O. ANDREWS,
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1915, to Feb. 19 1915, that I saw h[illegible] alive on Feb. 19 1915, and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH* was as follows:

.....
Tuberculosis of pulmonary
.....
.....
(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. S. Rothrock M. D.

Feb 19, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 2 yrs. 2 mos. 25 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Hutchins Ave Govans

19-PLACE OF BURIAL OR REMOVAL Govans Md Gir Cemetery — DATE OF BURIAL, Feb 20, 1915

20-UNDERTAKER Felix B. Pye — ADDRESS 102 E Mulberry

important. See instructions on back of certificate.

C82864 HEALTH DEPARTMENT--CITY OF BALTIMORE C82864

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 710 Cumberland ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Stieler

(Residence in Baltimore: No. 710 Cumberland St.: 20 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: Oct. 2nd (Month) (Day), 1843. (Year)

7-AGE: 69 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Henry Stieler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Theresa Weller

(Address) 710 Cumberland St.

FEB 20 1915 Filed, 191

DEPUTY CLERK, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Feb 17 1915.

That I saw her alive on Feb. 17, 1915.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY): Nephritis Chronic

(Duration) yrs. 2. mos. 2 ds.

(Signed) Thomas Dillon M. D.

Feb 19, 1915. (Address) 1103 Fullerton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb. 20th 1915

20-UNDERTAKER: Charles H. Gill ADDRESS: 507 Fred'k Ave.

082865 HEALTH DEPARTMENT—CITY OF BALTIMORE 14 082865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1825 E Fairmount Ave ST.: 6 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rosenthal

Residence in Baltimore: No. 1825 E Fairmount Ave St. (10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 15 (Day) 1866 (Year)

7-AGE, 48 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harry Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J Louis

(Address) 1419 E Balto St

15- FEB 20 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah L Ruggles (Coroner.) M. D.

Feb 19, 1915 (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dehrer Herrenberg — DATE OF BURIAL, 2/21, 1915

20-UNDERTAKER Jack Louis — ADDRESS 1419 E Balto

Filed....., 191. Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82866

CERTIFICATE OF DEATH.

76 C82866

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 James St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Brady

(Residence in Baltimore: No. 1253 James St St.: 5 yrs., 7b mos. 26 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... June (Month) ..... 21 (Day) ..., 1909 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 7 mos. 27 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Brady

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Donia A Barling

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Joseph H Brady.....

(Address)..... 1253 James St.....

15- Filed FEB 20 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 17 (Day) ..., 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Feb 17 1915, that I saw him alive on Feb 17 1915, and that death occurred, on the date stated above, at 5.35 P m.
The CAUSE OF DEATH* was as follows:

.....
Meningitis (Acute)
.....
..... (Duration)..... yrs..... mos. 13 ds.
CONTRIBUTORY (Secondary) Acute Otitis
..... (Duration)..... yrs..... mos..... ds.
(Signed) Edw Bruce M. D.
Feb 18, 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feb 20..., 1915
20-UNDERTAKER	ADDRESS
Mrs Mus Jno W Teufel	801 W Fayette

C82867

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

C82867

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Laurens ST. 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Seppert

(Residence in Baltimore: No. 1513 Laurens St St.; 55 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb (Month) 23 (Day), 1857 (Year)

7-AGE: 63 yrs. 11 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Hoffman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Do not know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Seppert

(Address) 1513 N Laurens St

15- Filed FEB 20 1915 191.. ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 191.., to Feb 18 191.5, that I saw h.. alive on Feb 18 1915, and that death occurred, on the date stated above, at 1-40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) About yrs. 6 mos. ..... ds.

Contributory (SECONDARY) Cystitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Bonck Jnr. M. D.

2/18 1915 [Address] 1923 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Feb 22 191.5

20-UNDERTAKER: Mr & Mrs Jno W. Teufel

ADDRESS: 801 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82868 HEALTH DEPARTMENT—CITY OF BALTIMORE C82868

CERTIFICATE OF DEATH.

Registered No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 917 St. Barnabas Court, St.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Tillman,

(Residence in Baltimore: No. 917 St. Barnabas Court, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, November (Month) 6th (Day), 1914. (Year)

7-AGE, 0 yrs. 3 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles Tillman,

11-BIRTHPLACE OF FATHER (State or Country). Washington, D. C.

12-MAIDEN NAME OF MOTHER Lizzie Butler,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Butler, mother,

(Address) 917 St. Barnabas Court.

15- Filed FEB 20 1915. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Hempel (Coroner) M. D.

Feb. 20, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Feb. 20 1915
20-UNDERTAKER Daniel Easter	ADDRESS 916 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82869

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82869

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 1201 Brevard street, ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard L. Brown,

(Residence in Baltimore: No. 1201 Brevard street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, June 2nd, 1914.
(Month) (Day) (Year)

7-AGE, 0 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James E. Brown,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Laura Toogood,

13-BIRTHPLACE OF MOTHER (State or Country), Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....James E. Brown, father,

(Address)....1202 Brevard street.

15 FEB 20 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Frederick Hemsley M. D.
(Coroner.)

Feb. 20, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Lubens Cemetery

DATE OF BURIAL, Feb 20, 1915

20-UNDERTAKER Felix B Pyfe

ADDRESS 102 E Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82870 — 64 C82870

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 S. Ellwood Ave St.) (1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Maria Yäger

(Residence in Baltimore: No. 1126 S. Ellwood Ave St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH, March 1, 1843
(Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Fred Hater

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hollerman

(Address) 3801 Gough St

15-

Filed FEB 20 1915, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1915, to Feb 16 1915, that I saw her alive on Feb 16 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

respiratory paralysis

(Duration) yrs. mos. 1 hr.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(Duration) yrs. mos. 6 hrs.

(Signed) H. M. Wright M. D.

Feb 17, 1915 (Address) Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Feb 20 1915
20-UNDERTAKER	**ADDRESS**
O Sander & Sons	1710 Eutaw St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82871

CERTIFICATE OF DEATH.

19 C82671

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Chester St. Fools Packing House. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Ott

(Residence in Baltimore: No. 2508 Hudson St.; yrs., 59 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1855 (Year)

7-AGE, 59 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Packing House

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo Ott

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Cecelia V. Ott

(Address)..... 2508 Hudson St.

15- Filed FEB 20 1915, 191... ROBERT . BRAUNER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) David W. Jones M. D. (Coroner.)

Feby 19, 1915 (Address) 2508 Hudson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Evangelicals	Feb 20 1915
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

082872 — 170 — 082872

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1556 Richland ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Pletzer

(Residence in Baltimore: No. 1556 Richland St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 28 (Day) 1853 (Year)

7-AGE: 61 yrs. mos. ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Broom Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: William H. Pletzer

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Ann Hancock

13-BIRTHPLACE OF MOTHER (State or country): ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura L. Pletzer

(Address) 1556 Richland

FEB 20 1915 Filed....., 191.....

ROBERT ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13, 1915, to, Feb 19 1915, that I saw h.im alive on Feb 19 1915, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Interstitial hepatitis

(Duration) Twelve yrs. mos. ds.

Contributory (SECONDARY) Neoplasm of the Esophagus

(Duration) ....yrs. ....mos. ....ds.

(Signed), Forrester M Cook M. D.

....,191.... [Address] 1736 W North ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: 2/22 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82873

CERTIFICATE OF DEATH.

79 C82873

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hallie Hampton

(Residence in Baltimore: No. 2538 W. Fairmont ave. St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. ....mos. ....ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jesse F. Hampton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Hester Hanely

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert E. Hampton

(Address) 2538 E. Fairmont ave

15-

Filed FEB 20 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 20 1915, that I saw h[er] alive on Feb 19 1915, and that death occurred, on the date stated above, at 2 1 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) Edwin H. Davis M. D.

....., 191... (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Feb. 23, 1915
20-UNDERTAKER	**ADDRESS**
Wm. Cook	502 E. Northern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82874 64 C82874

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Phelps

(Residence in Baltimore: No. 134 East St. St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1835 (Year)

7-AGE, 80 yrs. ... mos. ... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. University Hosp

(Address).....

15- FEB 20 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to Feb 18 1915, that I saw h[illegible] alive on Feb 18 1915, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

.....

.....

..... (Duration) Several yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemiplegia (Apoplectic)

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) B H Grosvenor M. D.

Feb 18, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 134 East St

19-PLACE OF BURIAL OR REMOVAL, Severn Sta Md — DATE OF BURIAL, Feb 21, 1915

20-UNDERTAKER H S Marshall — ADDRESS 353 Gay St

Spec.—5-29-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082875

CERTIFICATE OF DEATH.

137 082875

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pelczar

(Residence in Baltimore: No. 2334 Fleet St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 19, 1887 (Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Austria Galicia

PARENTS.

10-NAME OF FATHER, Jacob Polek.

11-BIRTHPLACE OF FATHER (State or Country), Austria Galicia

12-MAIDEN NAME OF MOTHER Julia Wyzalek.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Pelczar.

(Address) 2334 Fleet

15-

Filed FEB 20 1915, 191.... ROBERT , KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/13/15 191, to 2/18/15 191, that I saw her alive on 2/18/15 191, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Post-puerperal Streptococcus Septicaemia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) M. B. Levin M. D.

191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? Home - 2334 Fleet St.

Former or usual residence 2334 Fleet St.

19-PLACE OF BURIAL OR REMOVAL, St. Louis Cem. DATE OF BURIAL, Feb. 22, 191 5.

20-UNDERTAKER William Fiel Work ADDRESS 618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Lang

(Residence in Baltimore: No. Aberdeen Md St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 11, 1858.
(Month) (Day) (Year)

7-AGE, 56 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter & Varnisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Lang

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hester Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lang

(Address) Aberdeen Md

15- Filed FEB 20 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 191.., to Feb 20 191.., that I saw h.. alive on Feb 20 191.., and that death occurred, on the date stated above, at 12.05 a m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Intestinal Ileus

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Ernest Edwards, M. D.

Feb 20, 191.. (Address) Aberdeen Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State 56 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Usual Residence

Former or usual residence Aberdeen, Md

Aberdeen Md

19-PLACE OF BURIAL OR REMOVAL, Harlem Grove Cemy DATE OF BURIAL, Feb 22, 191..

20-UNDERTAKER W. J. Tatlow for ADDRESS Aberdeen Md

421 Commerce St

Spec.—5-13-13—M. & T.—500 Bks.

C8:2077

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C8:2077

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Nellie Johnson

(Residence in Baltimore: No. 207 Aisquith St.; ...yrs...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE.	If LESS than 1 day.
63 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Wood

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Henrietta Wood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. D. G. Hill

(Address) 407 Mosher St

15- FEB 20 1915 Filed ....., 191... ROBERT . KRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to Feb 19 1915, that I saw h alive on Feb 18 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

4 days (Duration) ...yrs...mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Failure

3 days (Duration) ...yrs...mos. 3 ds.

(Signed) Hadley Dickens M. D

Feb 19, 1915. (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Feb 21, 1915
20-UNDERTAKER Theodore White	ADDRESS 1702 Gough St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(8287 8)

CERTIFICATE OF DEATH.

120 C 8278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harford Rd + West Erdman ave ST.; 9 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry V. Erdman

(Residence in Baltimore: No. Harford Rd + West Erdman ave St.; ... yrs., ... mos. ... ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 12th (Day), 1875 (Year)

7-AGE. 31 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dealer in Oils
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Co

PARENTS.

10-NAME OF FATHER. Peter S. Erdman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Co Md

12-MAIDEN NAME OF MOTHER Letitia Waddell

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Erdman of P

(Address) Harford Rd + West Erdman ave

15- Filed FEB 20 1915, 191... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1915, to Feb 19 1915, that I saw h... alive on Feb 19 1915, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Bright's disease

Chronic (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) E. T. Britton M. D.

Feb. 20, 1915. (Address) 1711 E. Fact. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL, Feby 22nd, 1915

20-UNDERTAKER George Schulling + Sons

ADDRESS 1126 E Monument st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82879 — 91 — 62868

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Niles

(Residence in Baltimore: No. St. Vincents Infant Easylum St.; ...yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 1st (Day), 1914 (Year)

7-AGE,	If LESS than 1 day.
...yrs. 2 mos. 18 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... St. Vincents.....

(Address)... 1401 Division St.....

15- Filed FEB 20 1915 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 15 1915, to February 18th 1915, that I saw him alive on February 18 1915, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Bronchio-pneumonia .....

.....

..... (Duration) ...yrs. ...mos. 3 ...ds.

CONTRIBUTORY (Secondary) Malnutrition .....

..... (Duration) ...yrs. 2 mos. ...ds.

(Signed) Leonard M. C. Parker M. D.

Feb. 19th, 1915. (Address) 825 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 18 ds. In the State ...yrs. 2 mos. 18 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Feb. 20., 1915.

20-UNDERTAKER	ADDRESS
W. Fahey & Sons	626 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82880

HEALTH DEPARTMENT—CITY OF BALTIMORE, 126 C82880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 McHenry ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm N. Shirk

(Residence in Baltimore: No. 1810 McHenry. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Not Known 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent Co Md

PARENTS.

10-NAME OF FATHER, Geo Shirk

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Featherstone

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hannah Davis

(Address) 1830 Mc Henry St.

15- Filed FEB 20 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Feb 19 1915, that I saw h last alive on Feb 18 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis Mitralis

(Duration) ....yrs. Est mos. ....ds.

(Signed) H. E. Kahler M. D.

Feb 19 1915, (Address) 302 W Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Fords Store Kent County Md

DATE OF BURIAL, Feb 20, 191...

20-UNDERTAKER Geo A. Gerber

ADDRESS Bath & Payson

Spec.—5-19-13—M. & T.—500 Bks.

C82881

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C82881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Kern

(Residence in Baltimore: No. 732 W Fayette St. St.; ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ? ....., 1 .....
(Month) (Day) (Year)

7-AGE, 45 (?) yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... "Claim adjuster"
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philadelphia

PARENTS.

10-NAME OF FATHER, John Kern

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia

12-MAIDEN NAME OF MOTHER Emma Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma F. Kern

(Address) 1623 E. Lanvale St.

15- FEB 20 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1915, to Feb. 19 1915, that I saw h/m alive on Feb. 19 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Pleurisy with Effusion

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) Edwin F. Davis M. D.

....., 191... (Address) U.P.H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 732 W. Fayette St

Former or usual residence do

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb 22, 191..

20-UNDERTAKER Penny & Hook & Sons — ADDRESS 1301 E Eager

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C82382

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Mura ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Thomas Schreck

(Residence in Baltimore: No. 2116 Mura St.; ....yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Sing'l

6-DATE OF BIRTH, March 15th, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Harry M. Schreck

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mamie Byrd

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father.

(Address) 2116 Mura St.

15- FEB 20 1915 ROBERT J. KRAUTER. Filed....., 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 19th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1915, to Feb. 19th, 1915, that I saw him alive on Feb. 19th 1915, and that death occurred, on the date stated above, at 3:55 p. m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
(Tuberculous?)
..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) A. Hilary Gilmore M. D.

2/20/, 1915. (Address) 450 W. Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Baltimore (Cemetery)	February 21, 191.5
20-UNDERTAKER	ADDRESS
Henry Storck Son	1301 E. Eager St.

C82883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C82883

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1416 W. Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry McCormick

(Residence in Baltimore: No. 1416 W. Lexington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, Jan. (Month) 25th (Day); 1915 (Year)

7-AGE, ...yrs. ....mos. 25 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Gilbert Wm. Cormick

11-BIRTHPLACE OF FATHER (State or Country), Vermont.

12-MAIDEN NAME OF MOTHER Mary Burns

13-BIRTHPLACE OF MOTHER (State or Country), Vermont.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary MacCormick

(Address) 1416 W. Lexington

15- Filed FEB 20 1915 M. BERG . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19th (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml. H. Guntrum (Coroner) M. D.

Feb 20th 1915. (Address) 2502 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	2/20, 19..
20-UNDERTAKER Holt Brooks Lee & Co	ADDRESS Calhoun & Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82884

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C82884

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 322 Castle ST.: V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dom't Degnitis (Nov 2. Degnitis)

(Residence in Baltimore: No. 322 Castle St.; yrs. 4 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 14, 1914 (Month) (Day) (Year)

7-AGE: ... yrs. 4 mos. 5 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Dominic Degnitis

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Albina Drazd

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dominick Degnitis

(Address) 322 Castle Street

15- FEB 20 1915 Filed ..., 191... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to Feb 19 1915; that I saw her alive on Feb 19, 1915; and that death occurred, on the date stated above, at 7 a m.
The CAUSE OF DEATH* was as follows:

Labar Pneumonia

(Duration) ... yrs. ... mos. 7 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 2 ds.

(Signed) J Wolch M. D.

Feb 19, 1915 (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Feb 21, 1915

20-UNDERTAKER: John Grebliunas ADDRESS: 500 S. Paca Stred

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82885

CERTIFICATE OF DEATH

91 C82885

1 PLACE OF DEATH — Registered No. C .....

City of Baltimore (No. 3615 Chestnut av St.; 13 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Herbert Davis

(Residence in Baltimore: No. 3615 Chestnut av St.; ... yrs. 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb. 26 (Month), 1914 (Year)

7 AGE: ... yrs. 11 mos. 19 ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Elsie Davis

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie Davis

(Address) 3615 Chestnut Ave.

15 Filed FEB 20 1915 ROBERT . BRAUNER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 19 (Month), 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1915, to Feb 19 1915, that I saw h[illegible] alive on Feb 19, 1915, and that death occurred, on the date stated above, at 3 00 p m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Bronchitis

(Duration) ... yrs. ... mos. 7 ds.

(Signed), Dr. Vondrudenrud M. D.

Feb 20, 1915 (Address) 5464 Hutton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Feb 21 1915

20 UNDERTAKER: Edmonds & Son — ADDRESS: 3615-17 Chestnut ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82586

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82586

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3525 Hickory Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thurman E. Taylor

(Residence in Baltimore: No. 3525 Hickory ave St.; ....yrs., ...mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Single

6-DATE OF BIRTH, June 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 12 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Joshua Taylor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER McCollough

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Taylor

(Address) 3525 Hickory ave

15-

Filed FEB 20 1915 '91 ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1915, to July 19 1915, that I saw h.. alive on July 19 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Dr Wauer M. D.

July 20, 1915. (Address) 365 N. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs ....mos ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden DATE OF BURIAL, Feb 22, 1915

20-UNDERTAKER Chenowith & Son ADDRESS 3615 Chestnut ave

CAUSE OF DEATH must be plainly written, so that it may be properly important. See instructions on back of certificate.

C82887

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C82887

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 707 Mosher ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maria Louisa Johnson.

(Residence in Baltimore: No. 707 Mosher St.: 1 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single.

6 DATE OF BIRTH: March 25, 1862 (Month) (Day) (Year)

7 AGE: 52 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hamstress.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wilson Johnson.

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna Maria Freme

13 BIRTHPLACE OF MOTHER (State or country): Mississippi

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia A. Johnson

(Address) 707 Mosher St.

15 Filed FEB 20 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1914, to Feb 19 1915, that I saw h[er] alive on Feb 19, 1915, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) ..... yrs. 7 mos. ..... ds.

(Signed) J. Baldwin Davies M. D.

Feb 20, 1915. (Address) 634 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF ~~BURIAL~~ OR REMOVAL: Cathedral — DATE OF BURIAL: Feb 22, 1915

UNDERTAKER: Barnett Lumpkin — ADDRESS: 1644 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82888

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C82888

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 525 W. Lanvale St.; 17 Ward)

2-FULL NAME Elizabeth Robinson

(Residence in Baltimore: No. 525 W. Lanvale St.; ... yrs. ... mos. ... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December (Month) ... (Day) 1853 (Year)

7 AGE: 62 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9 BIRTHPLACE (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Greenbury Chambers

11 BIRTHPLACE OF FATHER (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (State or country): Frederick Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Robinson

(Address) 525 W Lanvale

15 Filed FEB 20 1915, 19..

ROBERT . KNAUER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1914. to Feb 16 1915.

that I saw her alive on Feb 16, 1915.

and that death occurred, on the date stated above, at 11.55 A.M.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ... yrs. 3 mos. ... ds

Contributory (SECONDARY) Heart Failure

(Duration) ... yrs. 3 mos. ... ds.

(Signed) C. H. Fowler M. D.

Feb 19, 1915 (Address) 712 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Lebanon — DATE OF BURIAL: 2/22/1915

20 UNDERTAKER: Saml T. Hemsley — ADDRESS: 578 W Biddle

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. Prefix statement of DOC state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of DOC is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C82689

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1809 Mc Culloh ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Matilda Susan Rozell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1809 Mc Culloh St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. H
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country) Augusta Co Va

PARENTS.

10-NAME OF FATHER, Wm Reed

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas D Rozell

(Address) 1809 Mc Culloh St

15- ROBERT J. RESSLER, Burial Permit Clerk.

Filed FEB 20 1915 191

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18th, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 11 1915, to Feb 17 1915, that I saw h[illegible] alive on Feb 17 1915, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Paraplegia

Pleurisy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 7 mos. ds.

(Signed) S B Hughes M. D.

Feb 18, 1915 (Address) 1418 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, 2/21, 1915

20-UNDERTAKER Saml T Hemsley | ADDRESS 578 N Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82390

CERTIFICATE OF DEATH.

1920 C82390

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1058 Argyle ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Wainwright

(Residence in Baltimore: No. 1058 Argyle St.; ....yrs.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1864 (Year)

7-AGE, 51 .....yrs.....mos.....ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Zedrick Wainwright

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Octavia Wallace

(Address) 1058 Argyle Ave

15- FEB 20 1915 ROBERT J. BRUTER, Filed..... 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 2 (Month) ..... 19 (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-19-1915, to 2-19-1915, that I saw h[illegible] alive on 2-19-1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Uremia
Paralysis
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

2-20-1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, White Haven Md | DATE OF BURIAL, 2-20, 1915

20-UNDERTAKER, Samuel R. Kemsley | ADDRESS 5780 Reisterstown Rd

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82891 HEALTH DEPARTMENT—CITY OF BALTIMORE C82891

CERTIFICATE OF DEATH.

18

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Miller ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Frederick L Ranner

(Residence in Baltimore: No. 1621 Miller St.; ....yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 20, 1871 (Month) (Day) (Year)

7-AGE, 43 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Candy Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER Chas G. Ranner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Bleyer

13-BIRTHPLACE OF MOTHER (State or Country), N.G.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ranner

(Address) 1621 Miller St

15-FEB 20 1915 ROBERT . KRAUTER

Filed....., 191.. Burial Permit Clerk

Registrar

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 20th, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 11th 1915, to Feby 18th 1915, that I saw h[illegible] alive on Feb 19th 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

.....

Facial Erysipelas

..... (Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ...yrs. ...mos. 2 ds.

(Signed) W O Stull M. D.

Feb 19th, 1915. (Address) 1501 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 21., 1915.

20-UNDERTAKER Helen E Fuller — ADDRESS 221 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C82892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82892

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Vincent ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Nickerson

(Residence in Baltimore: No. 1600 N. Vincent St.; ....yrs....mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colord	Widowed

6-DATE OF BIRTH, ... Unknow ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
106 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House maid.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Garrett

(Address) 1600 Vincent St

15- Filed FEB 21 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 19 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1915, to Feb 18 1915, that I saw her alive on Feb 18 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Quigley M. D.

Feb 20 191.5. (Address) 1507 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Ellicott Md	Feb 20 1915

20-UNDERTAKER James F. Davis ADDRESS 1303 Preston

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82893

CERTIFICATE OF DEATH.

130

C82893

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Sharp, St.; 22 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Levine

(Residence in Baltimore: No. 514 S Sharp, St.; 3 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1853 (Year)

7-AGE, 62 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sena Levine

(Address) 514 S. Sharp

15- FEB 21 1915 ROBERT . KRAUTER, Registrar.
Filed....., 191... Burial Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February, 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February, 1913, to February, 1915, that I saw h[illegible] alive on Feb - 19 - 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(Duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 1 yrs. 6 mos. ds.

(Signed) D. Franklin M. D.

Feb. 20, 1915 (Address) 172 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 514 S Sharp St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Feb 21, 1915

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1104 E Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82894

151

CERTIFICATE OF DEATH.

REGISTERED No. C 82894

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 W. Franklin St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horwitz (Inf of Ida Samuel)

(Residence in Baltimore: No. 831 Franklin St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

3-DATE OF BIRTH, 2 (Month) 20 (Day), 1915 (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Samuel Horwitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Dyon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samd Horwitz

(Address) 831 Franklin

15- Filed FEB 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1915, to Feb 20 1915, that I saw h[illegible] alive on Feb 20 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 mo.?

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) L. L. Lloyd M. D.

2, 20, 1915. (Address) 639 Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale Cem	Feb 21 1915
20-UNDERTAKER D. Levinson & Bro.	ADDRESS 1107 E Balto St.

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82895

C82895

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 W. Lafayette St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fawetta Maud Williams

(Residence in Baltimore: No. 1631 W. Lafayette St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Oct. 31, 1899 (Month) (Day) (Year)

7-AGE 15 yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs., or .... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work School girl (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Andrew Williams

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Mary Delia Fortes

13-BIRTHPLACE OF MOTHER (State or country) St Mary's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Williams

(Address) 1631 W Lafayette St

15. FEB 21 1915 Filed ..... 191.....

ROBERT . KNAUER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 15, 1915, to, February 20 1915, that I saw h.. ex.. alive on February 20 1915, and that death occurred, on the date stated above, at 4:30 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema - due to Cardiac Failure (Duration) yrs .... mos. 6 hrs.

Contributory (SECONDARY) Acute Simple Exhaustion Meningitis (Duration) yrs .... mos. 9 ds.

(Signed) Jno. N. Mackall M. D.

Feb 20 1915 [Address] 1209 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death .... yrs .... mos .... ds. In the State .... yrs .... mos .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters DATE OF BURIAL Feb 24 1915

20-UNDERTAKER Hannah Campbell ADDRESS 1636 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82896 92082896

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Filghman

(Residence if Baltimore: No. 1239 Argyle ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Black	Married

6-DATE OF BIRTH. unknown ....., 1866
(Month) (Day) (Year)

7-AGE. 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Coachman.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, W. E Filghman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W E Filghman Jr

(Address) 1239 Argyle ave

15- FEB 21 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

CAUSE OF DEATH. If plain terms, so that it may be properly classified, are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1915, to Feb 20 1915, that I saw him alive on Feb 20 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) yrs. ? mos. 8 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

Mitral Regurgitation (Duration) ? yrs. ? mos. 8 ds.

(Signed) E. Jackson L. Finley M. D.

2/20, 1915. (Address) Maryland Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 8 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1239 Argyle ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel	Feb 23 1915
20-UNDERTAKER	ADDRESS
Hamme & Doyle	1310 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82897

CERTIFICATE OF DEATH.

91

C82897

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Shakespeare ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Piaskowski

(Residence in Baltimore: No. 1620 Shakespeare St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. December (Month) 20 (Day), 1913 (Year)

7-AGE. ....yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE. (State or Country) Md.

PARENTS.

10-NAME OF FATHER. Wasta Piaskowski

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Josephine Swintzka

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Swintzka

(Address) 1620 Shakespeare St.

15- Filed FEB 21 1915, 191.... ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) David W. Jones (Coroner) M. D.

Feby 20, 1915 (Address) 711 6. O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary

DATE OF BURIAL. Feb. 21, 1915

20-UNDERTAKER. William Piaskowski

ADDRESS 1611 Eastern Ave.

C82898 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH 103 C82898

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1527 East Madison ST.: ..... WARD) 10

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Howard

(Residence in Baltimore: No. 1527 East Madison ST.: ..... yrs. 4 mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 23, (Day) 1847 (Year)

7 AGE: 67 yrs. 8 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore City, Md

PARENTS

10 NAME OF FATHER: John Howard

11 BIRTHPLACE OF FATHER (State or country): Baltimore City, Md

12 MAIDEN NAME OF MOTHER: Elizabeth Williams

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lula Simons

(Address) 1527 E Madison St

15 Filed FEB 21 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby (Month) 18th (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 2nd, 1915, to Feby 18 1915, that I saw h~~im~~ alive on Feby 18th, 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

He had a acute attack Indigestion on night of Jany 2nd 1915 which was followed by General Peritonitis which Caused death

(Duration) ..... yrs. 1 mos. 7 ds

Contributory (SECONDARY) He was very feeble

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D W Cathell M D M. D.

Feby 20 1915 (Address) 1636 Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: National Gen. — DATE OF BURIAL: Feb 22 1915

20 UNDERTAKER: Theodore Pfeltz — ADDRESS: 1702 Gough St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82899 — 28 — C82899

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1317 N. Strieker ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lina Clementeene Smith

(Residence in Baltimore: No. 1317 N Strieker St.: 20 yrs. 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 20, 1894 (Month) (Day) (Year)

7 AGE: 20 yrs. 11 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John L Smith

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Fanny Talbot

13 BIRTHPLACE OF MOTHER (State or country): Washington D C

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Gibson

(Address) 533 Dolphin St

15 Filed FEB 21 1915, 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 19, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1915, to, Feby 19 1915, that I saw her alive on Feby 19 - 1915, and that death occurred, on the date stated above, at 3.45 P.m.. The CAUSE OF DEATH* was as follows:

Tuberculosis

unknown (Duration) — yrs. — mos. — ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D W E Cavenbaugh M. D.

Feby 19 - 1915 (Address) 1369 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Ind Auburn Cmty — DATE OF BURIAL: Feb 22 1915

20 UNDERTAKER: Frank T.A. Gibson — ADDRESS: 533 Dolphin St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C8900

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N Madeira St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Lapinek

(Residence in Baltimore: No. 212 N Madeira St.; 21 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 30, 1893
(Month) (Day) (Year)

7-AGE, 21 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Lapinek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Slyka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Lapinek

(Address) 212 N Madeira St

15- FEB 21 1915 Filed ..... 191.. ROBERT KRAETER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 14 1915, to Feb. 18 1915, that I saw h[illegible] alive on Feb. 18 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Intestinal

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Foreign

(Duration) yrs. mos. 3 ds.

(Signed) W. T. Spain M. D.

Feb 19, 1915 (Address) 3000 Madeira

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 22, 1915
20-UNDERTAKER	ADDRESS
Frank Brockden	1904-6 Eastern Ave

important. See instructions on back of certificate.

C82901

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82901

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 307 East West St. WARD 24)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Tudor

(Residence in Baltimore: No. 307 E West St. St.; 81 yrs. 4 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 17, 1833 (Month) (Day) (Year)

7-AGE: 81 yrs. 4 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Painter.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Robert Tudor

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Helen Mason

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Tudor (Wife)
(Address) 307 E. West St.

15. FEB 21 1915 Filed ....., 191.... ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1915, to Feb 19 1915, that I saw ~~him~~ her alive on Feb 19, 1915, and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Arteri Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C R Buxton M. D.

Feb 19, 1915 (Address) 301 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet. DATE OF BURIAL: Feb. 21, 1915.

20-UNDERTAKER: Edw. J. Fanning ADDRESS: 1960 Battery Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82902 104 C82902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1612 Gough ST.; 3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Wermuske Wermiński

(Residence in Baltimore: No. 1612 Gough St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 19 (Day), 1915 (Year)

7-AGE, ...yrs. 1 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Warzeniec Wermiński

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Paulina Polchinska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warzeniec Wermiński

(Address) 1612 Gough St.

15- FEB 21 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 191 5, to Feb 15 191 5, that I saw h— alive on Feb 17 191 5, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Contusion

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Gastro Intestinal Indigestion

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) ..... M. D.

Feb 17, 191 5 (Address) 6 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, Feb 21, 1915

20-UNDERTAKER Jacob Fialkowski | ADDRESS 728 E. Bond St.

Type or print all items. Use ink. Avoid abbreviations. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82903

CERTIFICATE OF DEATH.

120 C82903

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E. Cross ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McMahon

(Residence in Baltimore: No. 13 E. Cross St.: 58 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, Dont know (Month) (Day), 1853 (Year)

7-AGE, 61 yrs.... mos.... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Terrence McMahon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McNamara

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. McMahon (Son)

(Address) 13 E. Cross St.

15-

Filed FEB 21 1915, 191.... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1915, to Feb. 19 1915, that I saw him alive on Feb. 19th 1915, and that death occurred, on the date stated above, at 9-50 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 7 mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic

(Duration) 1 yrs. mos. ds.

(Signed) Henry Guy M. D.

Feb 26, 1915. (Address) 1808 W. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	Feb. 22, 1915
20-UNDERTAKER	ADDRESS
P. J. McH. Flynn	1422 Light St.

Cause of Death is plain, think it over that it may be properly certified. Every question is important. See instructions on back of certificate.

C82304

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82304

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hosp ST. 24 WARD)
REGISTERED No. C

2-FULL NAME Evelyn E Deems

(Residence in Baltimore: No. 1101 E Fort ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 2 mos. 3 ds. 7)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Child

6-DATE OF BIRTH, Nov 12th, 1912
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 3 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Earl A Deems

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Deems

(Address) 1101 E Fort ave.

15- Filed FEB 21 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns 2nd degree over 3/4 of body (totally from kitchen stove)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah J Russell M. D.
(Coroner.)

Feb 19th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

1101 E Fort ave

Former or usual residence 1101 E Fort ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Feb 21, 1915

20-UNDERTAKER	ADDRESS.
P A McGuire	1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C82905

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Sarah Ann ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Green

(Residence in Baltimore: No. 934 Sarah Ann St.; — yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	single

6-DATE OF BIRTH, June (Month) 5 (Day), 1892 (Year)

7-AGE, 22 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, J. Thomas Green

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER anna Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Chester Ryland, M.D.

(Address)..... 2532 Edmondson Ave

15- Filed FEB 21 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 18 1915, to February 18 1915, that I saw h im alive on February 18 1915, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Acute pneumonia, phthisis

..... (Duration) — yrs. — mos. 2-1 ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) — yrs. — mos. — ds.

(Signed) Chester Ryland M. D.

Feb 19, 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loud.	Feb 21, 1915
20-UNDERTAKER R I Parham	ADDRESS Glen Burnie

01 CO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

08:2906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 08:2906

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 N. Luzerne ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia M. King

(Residence in Baltimore: No. 2 N Luzerne ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug (Month) , (Day) , 1856 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin O'Donnell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Lynn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ritz

(Address) 2 N. Luzerne Ave

15- FEB 21 1915 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed , 191 .
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 18 (Day) , 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 15 1915 , to Feb 18 1915 , that I saw h.er alive on Feb 18 1915 , and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Heart Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [redacted] M. D.

Feb 20, 1915. (Address) 2600 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick

DATE OF BURIAL, Feb 22 , 191 .

20-UNDERTAKER John A Moran

ADDRESS Dund & Penn St.

Should be plainly written, and any one giving information is required to sign his name and state his residence. Every question should be answered, and if any of the items are unknown, that fact should be stated. Particular attention is called to the items of AGE and OCCUPATION as they are important. See instructions on back of certificate.

C82907

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 C82907

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2646 Dulaney St.; 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minerva Taylor

(Residence in Baltimore: No. 2646 Dulaney St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Apr 22 (Month), 1838 (Year)

7 AGE: 76 yrs. 9 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Jas Ware

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Houston

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Taylor

(Address) 2646 Dulaney St

15 Filed FEB 21 1915 1915 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 19 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1915, to Feb 19 1915, that I saw her alive on Feb 18, 1915, and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) unknown. yrs. mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. mos. ds.

(Signed) Wm Buell M. D.

Feb 14, 1915 (Address) 2350 Fred Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 21, 1915

20 UNDERTAKER: George L. Schwab & Bro — ADDRESS: 2101 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82908

CERTIFICATE OF DEATH.

×64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Burgen

(Residence ~~in Baltimore~~: No. Easton Penna. St.; ...yrs., ...mos. (5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Female	White	Married

6-DATE OF BIRTH, ... unknown (Month) ..... (Day) 1851 (Year)

7-AGE, 64 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Philip Cohen

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Burgen

(Address) 1173 E. Lombard St.

15- FEB 21 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Feb 21, 1915, that I saw h[illegible] alive on Feb. 21, 1915 and that death occurred, on the date stated above, at 6.00 a. m.

The CAUSE OF DEATH* was as follows:

General Cystemic Sclerosis

(Duration) Direct Cause

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 4 hours

(Signed) Edward H. Smith M. D.

Feb 21, 191.5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. 5 ds.

Where was disease contracted, if not at place of death? 1173 E Lombard St

Former or usual residence Easton Penna

19-PLACE OF BURIAL OR REMOVAL, Easton Penna — DATE OF BURIAL, Feb 24, 1915

20-UNDERTAKER J. Quinn & Bro — ADDRESS 107 E Biddle St

Physician is requested to print items, as this is very important. See instructions on back of certificate.

C82909

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82909

CERTIFICATE OF DEATH

28

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 754 Ramsay St.; 21 WARD)

2 FULL NAME Theodore Luthardt

(Residence in Baltimore: No. 754 Ramsay St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: May (Month) 28 (Day), 1873 (Year)

7 AGE: 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Ernst Luthardt

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schilhorn

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Luthardt

(Address) 754 Ramsay St

15 Filed FEB 21 1915, 191

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 19 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1914, to Feb 19 1915, that I saw him alive on Feb 18, 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4½ mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jonas Hoag M. D.

Feb 21, 1915 (Address) 729 E Lanvale

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: 2-21-1915

20 UNDERTAKER: Geo Heinbach & Son | ADDRESS: 647 W Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C82920 — 92 C82910 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Bryne ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Haywood

(Residence in Baltimore: No. 522 Bryne St. 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male — 4-COLOR OR RACE, Col — 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) ..... (Day), 1871 (Year)

7-AGE, 43 yrs. ..... mos. ..... da. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Haywood

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Rachel Matthews

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H B Hackerlock M.D.

(Address) 117 N Carrollton Ave.

15- ROBERT . KRAUTER, Filed FEB 21 1915 191 Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15- 1915, to Feb 18th 1915, that I saw ~~him~~ her alive on Feb 18th 1915 and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 3 da.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....da.

(Signed) H B Hackerlock M. D.

2/19th, 1915 (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Feb 21, 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 506 Rodgers Av

IMPORTANT. See instructions on back of certificate.

FILM PROPERTY OF BALTIMORE CITY ARCHIVES

Spec.—8-24-14—M. & T.—2000 Bks.

(8)2911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 (8)2911

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Bond ST.; 3d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Howard

(Residence in Baltimore: No. 214 S. Bond St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, October 7, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry B. Howard

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Deborah Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. F. Reis

(Address) 24 S. Broadway

15- FEB 21 1915 ROBERT . KRAJTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 191 5, to Feb 20 191 5, that I saw h er alive on Feb 19 191 5, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) A. F. Reis M. D.

Feb 20, 1915. (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, 2/22, 1915

20-UNDERTAKER Wm Cook — ADDRESS 1876 Mad

Duplicate of Certificate prepared by undertaker may be used in preparing certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S.A.F.D.A.K.

C82912

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C82912

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 S. Charles ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret N. Wise

(Residence in Baltimore: No. 1127 S Charles St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) ..... (Day), 1? (Year)

7-AGE: 56 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: George Bart

11-BIRTHPLACE OF FATHER (State or country): ?

12-MAIDEN NAME OF MOTHER: Mary ?

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm R. Wise

(Address) 1203 D. Charles

15- Filed FEB 21 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Six Months 191..., to, 2/20 191 5, that I saw h.r alive on Feb 19 191 5, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No operation

" Microscopic Exam

(Duration) — yrs. 12 mos. — ds.

Contributory (SECONDARY) Lobar pneumonia - Cardiac failure (Duration) ..... yrs. ..... mos. 10 ds.

(Signed), E. D. Ellis M. D.

2/20, 191 5 [Address] 915 Eight St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 2/24, 191-

20-UNDERTAKER: Lowe Cook — ADDRESS: 837 E. Mon

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82913

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1450 Covington ST.; 34 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Grower

(Residence in Baltimore: No. 1450 Covington St.; ....yrs., mos. ds.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Maried

6-DATE OF BIRTH: Sept. (Month) 19 (Day), 1862 (Year)

7-AGE: 52 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Gustav Kraler

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Wilehmia Schmit

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alois Grower

(Address) 1450 Covington

15- FEB 21 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/20 1915, to 2/20 1915 that I saw h[illegible] alive on 2/20 1915, and that death occurred, on the date stated above, at 3,30 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia

Influenza

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diffused Bronchitis

from History 6 days

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Linthicum M. D.

2/21, 1915. (Address) 10 Peterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem't

DATE OF BURIAL, Feb. 23, 1915

20-UNDERTAKER W. M. Cook

ADDRESS 502 North

important. See instructions on back of certificate.

C82914 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 C82914

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2001 McCulloh street, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Mazer,

(Residence in Baltimore: No. 2001 McCulloh street, St.:

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed,

6-DATE OF BIRTH, January (Month) 15th (Day), 1831. (Year)

7-AGE, 84 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia,

PARENTS.

10-NAME OF FATHER, Samuel Pollock,

11-BIRTHPLACE OF FATHER (State or Country), Russia,

12-MAIDEN NAME OF MOTHER Dora ? ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Mazer, son.,

(Address) 804 Whitelock street.

15- Filed FEB 22 1915, 191... HENRY O. ANDREAS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Atheroma myocardium,

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration)...yrs...mos...ds.

(Signed) J. Bedrick Heubel M. D. (Coroner.)

Feb. 22, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Pl — DATE OF BURIAL, Feb 22 1915

20-UNDERTAKER S. Levinson & Son — ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Light ST.; 24 WARD) REGISTERED No. C 164

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann E. Cannon

(Residence in Baltimore: No. 1443 Light St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 29, 1832
(Month) (Day) (Year)

7-AGE, 82 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leonard Travers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert R. Cannon

(Address) 1124 Light

15- FEB 22 1915 Filed....., 191... HARRY O ANDERSON, Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20th; 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14th 1915, to Feb 20th 1915, that I saw h— alive on Feb 19th 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

Chronic Intestinal Trouble (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. ds.

(Signed) A. H. Hopkins M. D.

Feb 20th 1915. (Address) 1421 Eutaw pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dalto Cemetery — DATE OF BURIAL, Feb 22 1915

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

C82916

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82916

CERTIFICATE OF DEATH.

155

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 7 WARD)

2-FULL NAME James E Smith

(Residence in Baltimore: No. 2104 Jefferson St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE. 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Smith

(Address) 2104 Jefferson St

15- Filed FEB 22 1915, 19... HARRY O ANDERS Certified Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Carbolic Acid

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah V. Russell M. D. (Coroner.)

Feb 19th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. St Matthews Cemetery

DATE OF BURIAL. Feb 22 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1442 N Bdway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

C82917

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82917

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH 2704 Fait Ave

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Helldorfer

(Residence in Baltimore: No. 2704 Fait Ave ..... St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June 6th, 18[illegible]0 (Month) (Day) (Year)

7-AGE. 74 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Helldorfer

(Address) 2704 Fait Ave

15- FEB 22 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to —— 191..., that I saw him alive on Feb 19 1915, and that death occurred, on the date stated above, at 3:40 p.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis, chronic

(Duration) 5 yrs. ....mos. ....ds.

(Signed) Leon S. Hooks M. D.

....., 191... (Address) 2705 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Alphonsis Cemetery

DATE OF BURIAL, Feb 23, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1142 N Broadway

CAUSE OF DEATH to be plainly written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82918

HEALTH DEPARTMENT---CITY OF BALTIMORE

C82918

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 20

CITY OF BALTIMORE: (No. 1547 Lombard St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida Peter

(Residence in Baltimore: No. 1547 Lombard ave St.; 76 yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb (Month) 14 (Day) 1839 (Year)

7-AGE: 76 yrs. — mos. 6 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): /

9-BIRTHPLACE (State or country): Maryland (City)

PARENTS

10-NAME OF FATHER: Edw Kean

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edw. Peter

(Address) 1547 Lombard ave

15 FEB 22 1915 HARRY O ANDREWS, Burial Permit Clerk
Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17, 191..., to, Feb 20 1915, that I saw h.r alive on Feb 20 1915, and that death occurred, on the date stated above, at 7.00 m.

The CAUSE OF DEATH* was as follows:

Senile Marasmus

(Duration) ... yrs 1 mos. 3 ds.

Contributory (SECONDARY): Nephritis (Chronic)

(Duration) ... yrs 4 and 1/2 mos. ds.

(Signed) Wilbur J Burger M. D.

Feb 21, 1915 [Address] 2100 N Eutaw ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 23, 1915

20-UNDERTAKER: Josiah Legg — ADDRESS: 1660 Ar Northern

N. B.—Every question must be answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82919

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 C82919

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH On Bay to

CITY OF BALTIMORE (No. St Josephs Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R Mosh

(Residence in Baltimore: No. 1328 Harwood ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 29th (Day), 1869 (Year)

7-AGE. 46 yrs. 0 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Travelers Business
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Conrad Mosh

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha A Rattlinger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Mosh

(Address) 1328 Harlwood ave

15- FEB 22 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah L Russell M. D. (Coroner.)

Feb 20, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Louden Park

DATE OF BURIAL, Feb 23, 1915

20-UNDERTAKER Josiah Sypes

ADDRESS 1600 N North Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82920

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 W Balto ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie E Gill

(Residence in Baltimore: No. 1430 W Balto St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1881 (Year)

7-AGE, 33 yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Hickman Gill

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Cross

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Gill

(Address) 1430 W. Baltimore St

15- FEB 22 1915 HARRY O. ANDREWS,

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1915, to Feb 20 1915, that I saw her alive on Feb 20 1915, and that death occurred, on the date stated above, at 12 35 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Convulsions

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) M. F. Smith M. D.

Feb 20 1915. (Address) 118 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL. Feb 22, 1915

20-UNDERTAKER W Lear-Jones

ADDRESS 833 Linden ave

CAUSE OF DEATH to be plainly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82921

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C82921

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1002 W 38th St.; 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Burgee

(Residence in Baltimore: No. 3631 Falls Road St.; yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 16 (Day), 1857 (Year)

7-AGE, 57 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Singleton Burgee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Jeanes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace F. Burgee

(Address) 3631 Falls Road

15- Filed FEB 22 1915, 191.... HARRY C. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Harry C. Haines M. D.

Feb 19 1915. (Coroner) (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem.	Feb 23, 1915
20-UNDERTAKER H. Burgee & Son	ADDRESS 3631 Falls Road

C82922

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 29 C82922

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Almond

(Residence in Baltimore: No. Catonsville Md St.; yrs. 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 7 (Month) (Day), 1914 (Year)

7-AGE: — yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore.

PARENTS

10-NAME OF FATHER: J. Geo. W. Almond

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Sophia Salmond

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Edna Byrne.

(Address) 2107 Kollans St.

15- FEB 22 1915 HARRY O. ANDERSON, Burial Permit Clerk

Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 1915, to, Feb 20 1915, that I saw him alive on Feb 20 1915, and that death occurred, on the date stated above, at 7.55 pm.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), G. A Ballenger M. D.

Feb 20, 1915. [Address] The J.H. Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mother died of Tuberculosis

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL: Houlton Pike Cem — DATE OF BURIAL: Feb. 22, 1915

20-UNDERTAKER: George J. Smith — ADDRESS: 1822 E. Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82923

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 W. Franklin ST.) 18 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Hodges

(Residence in Baltimore: No. 871 W. Franklin St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 4th, 1831
(Month) (Day) (Year)

7-AGE. 83 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Prussia

PARENTS.

10-NAME OF FATHER, Robt R Hodges

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Fannie Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hellen Stewart

(Address) 871 W Franklin St

15-
Filed FEB 22 1915, 191 HARRY O. ANDREWS, Registrar.
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1915, to Feby 16 1915, that I saw her alive on Feby 20 1915, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

old age

(Duration) dont Know

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Duncan MacCallum M. D.

Feb 21st, 1915. (Address) 1822 W Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb. 22, 1915

20-UNDERTAKER G F Hackard — ADDRESS 723 W Lafayette

C82924

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41

C82924

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Berlath Villa Apartment ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Cooke

(Residence in Baltimore: No. Berlath Villa Apartments St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: June (Month) 18 (Day), 1851 (Year)

7-AGE: 63 yrs. 8 mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: John L. Cooke

11-BIRTHPLACE OF FATHER (State or country): Balt Md

12-MAIDEN NAME OF MOTHER: Margaret R. Edwards

13-BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Whitsel

(Address) 1706 N. Fremont Ave

15. FEB 22 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1914, to Feb 14, 1915, that I saw h[illegible] alive on Feb 19, 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (chronic) Myocarditis

Carcinoma rectum + Kidneys

Chronic (Duration) ..... yrs. ? mos. ..... ds

Contributory (SECONDARY) uraemia - oedema of

Lungs (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Fairmaqu King Nelson M. D.

Feb 20, 191... (Address) 833 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb 22, 191...

20-UNDERTAKER: John J. Fields — ADDRESS: 1200 N. Lanvale St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

082925 082925

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 N. Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A Jarnell

(Residence in Baltimore: No. 2443 N. Charles St.: —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1? (Year)

7-AGE, 75 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John B. Jarnell

11-BIRTHPLACE OF FATHER (State or Country). M.d

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). M d

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymund Glacken

(Address) 2443 N. Charles St.

15- Filed FEB 22 1915 HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Jan 1st 1915, to Feb. 21 1915, that I saw her alive on Feb. 21 1915, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Lobularis .....

..... (Duration) Several hours. yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) yrs. Several mos. ds.

(Signed) M. L. Degraaf M. D.

Feb. 21, 1915. (Address) 2443 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	2/25, 1915
20-UNDERTAKER Wm Boos	ADDRESS 557 W. Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82926

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 121 N. Robinson ST.: 1 WARD) 64 REGISTERED No. C

2-FULL NAME Frances Salyards

(Residence in Baltimore: No. 121 N. Robinson St.: yrs., 60 mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 22nd (Day), 1846 (Year)

7-AGE, 68 yrs. 8 mos. 27 da. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Charles Fagan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Samuels

(Address) 121 N. Robinson St

15- FEB 22 1915 HARRY O. ANDREAS,

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to last death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....da.

(Signed) David W. Jones (Coroner.) M. D.

Feby 20 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Cathedral Cem	Feb 23, 1915
20-UNDERTAKER Wm Cook	ADDRESS 847 N. Ave

N. B. Each question should be answered. If the space is too small, continue on back of certificate. AGE should be stated in every case. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82927

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 C82927

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 E. Lafayette ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margareth Dittell

(Residence in Baltimore: No. 1309 E. Lafayette ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Know, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Fredrick Dittell

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margareth

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Dittell

(Address) 1309 E. Lafayette ave

15- FEB 22 1915 Filed, 191. HARRY O. ANDREAS Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 20 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 15 1913, to Feb 20th 1915, that I saw h— alive on Feb 20th 1915, and that death occurred, on the date stated above, at 5 to 1 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia right side

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Edmund Kell Worrell M. D.

Feb 22, 1915. (Address) 1 E Fayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul Cemetery. DATE OF BURIAL, Feb 23, 1915

20-UNDERTAKER George J. Routh ADDRESS 1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82928

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82928

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1114 Gorsuch Ave. St.: 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Oberle.

(Residence in Baltimore: No. 1114 Gorsuch Ave. St.: 17 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 20, 1896 (Month) (Day) (Year)

7 AGE: 18 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Seraphin Oberle

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Sarah Wienet

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Anna Oberle Sister.

(Address): 1114 Gorsuch Ave.

15 Filed FEB 22 1915, 191 MARY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 20., 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1914, to Feby 19, 1915, that I saw him alive on July 19, 1915, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis; Pulmonary, Interstitial

(Duration) ..... yrs. 17 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Lyman Whittle M. D.

Feby 20, 1915 (Address) 5 East 21st Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer. DATE OF BURIAL: Feb 23, 1915

20 UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82929 28 C82929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 417 E Cross ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Seymour

(Residence in Baltimore: No. 417 E Cross St.; yrs., 2 mos. ds.)

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write in plain terms, so that it may be understood.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 18 (Day), 1856 (Year)

7-AGE, 58 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Seymour

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Frances Neal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W L Seymour

(Address) 1746 Hanover St

15-FEB 22 1915 HENRY O. ANDERS, Registrar.
Filed ....., 191.... CAPITAL PRINTING CO.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to Feb 19 1915, that I saw h- alive on Feb 19 1915, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
probably 2
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Same
(Duration) ....yrs. ....mos. ....ds.

(Signed) Neale Stiffler M. D.

2/19, 1915. (Address) 1317 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Feb. 21, 1915

20-UNDERTAKER Mrs J E Evans & Son — ADDRESS 1428 Ashburton

C82930

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 C82930

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2107 E Chase St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma M. Baker

(Residence in Baltimore: No. 2107 E. Chase St.; yrs. 4 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH October 8 (Month) (Day) 1914 (Year)

7-AGE 4 yrs. 4 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Chester H. Baker

11-BIRTHPLACE OF FATHER (State or country) Kentucky ~~Md~~

12-MAIDEN NAME OF MOTHER Sophia M. Ritz

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester H. Baker

(Address) 2107 E Chase st

15- Filed FEB 22 1915, 191 HARRY O. ARLETT, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 20th 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 18th, 1915, to, February 19 1915, that I saw h[illegible] alive on February 19 1915, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY) Paralysis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John Marie M. D.

February 22 1915. (Address) 2102 Aliceanna St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetary	Feb 22 191[illegible]
20-UNDERTAKER Christian Miller	ADDRESS [illegible]

U. S. Standard Certificate of Death. Fill in all items. Use ink. Print plainly. Do not abbreviate. If any item cannot be properly classified, state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82931

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82931

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2932 Independent St.: 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Walker

(Residence in Baltimore: No. 2932 Independent St.: 34 yrs. ..... mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb 17, 1881 (Month) (Day) (Year)

7-AGE: 34 yrs. — mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John H Walker

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Simpson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Watkins

(Address) 2932 Independent St

15. Filed FEB 22 1915, 191 HENRY O ANDREAE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 20th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1915, to Feb 20 1915, that I saw h— alive on Feb. 20th, 1915, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Lung

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H J Steidler Jr M. D.

Feb 21, 1915 (Address) 632 Gorsuch Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb 23, 1915

20-UNDERTAKER: Christian Miller

ADDRESS: 2534 Jefferson St

C82932 HEALTH DEPARTMENT—CITY OF BALTIMORE 105 C82932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 S. Washington ST.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ignacy Osiowski

(Residence in Baltimore: No. 524 S. Washington St.; yrs. 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1867 (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer). Himmel & Co.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Romwaldo Osiowski

(Address) 524 S. Eddington St

15- FEB 22 1915 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) yrs. 2m mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Stone M. D.
(Coroner.)

Feby 24 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary, DATE OF BURIAL, Feby 23 1915.

20-UNDERTAKER M. F. Sadowski, ADDRESS 705 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C82933

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

C82933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 (Street) Penna ave (St.; 14 WARD) REGISTERED No. C

2-FULL NAME Ellia Croft

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1425 Penna ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. 28 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Sherwood

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Achea Bosley

(Address) 1425 Penna ave

15- FEB 22 1915 HARRY O. ANDREWS, Filed ....., 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1914, to Feb 20 1915, that I saw her alive on Feb 20 1915, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Dropsy & Heart

TB (Duration) ..... yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. 3 mos. 2 ds.

(Signed) L. L. P. W. Kennard M. D.

Feb 22 1915. (Address) 708 Eason Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 22, 191 5

20-UNDERTAKER Robt C Elliott — ADDRESS 506 East St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82934 C82934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 Stirling ST.; 10 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Matthews

(Residence in Baltimore: No.) 712 Stirling St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), In Md

PARENTS.

10-NAME OF FATHER, Samuel Mathews

11-BIRTHPLACE OF FATHER (State or Country), In Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), In Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Holmes

(Address) 712 Stirling St

15- FEB 22 1915 HARRY O'ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 191 , to Feb 19 1915, that I saw him alive on Feb 19 1915, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Asthma Heart Dropsy

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. 6 ds.

(Signed) C. G. W. Bernard M. D.

Feb 22 1915 (Address) 708 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 22, 1915.

20-UNDERTAKER Robert A Elliott ADDRESS 506 Rodgers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82935

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82935

1-PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE: (No. 209 S Bentalou ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gleim

(Residence in Baltimore: No. 209 S. Bentalou St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 3 (Day), 1853 (Year)

7-AGE: 62 yrs. 1 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Louisa Gleim

(Address) 209 Bentalou St

FEB 22 1915 HARRY O. ANDREWS,
Filed ..., 191... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1915, to Feb 20 1915, that I saw him alive on Feb 20 1915, and that death occurred, on the date stated above, at 8:15 a m.

The CAUSE OF DEATH* was as follows:

Anaemia Convulsions

... (Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY) Chronic Interstitial nephritis

... (Duration) ... yrs 1 mos leaves ds.

(Signed) Charles A Colt M. D.

2-22, 1915. [Address] 54 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb. 23, 1915

20-UNDERTAKER: Geo. L. Schwab & Bro — ADDRESS: 210 Frederick Ave

...state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82936

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82936

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 604 S. Eutaw St ST.: ..... WARD) 22

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Johnson

(Residence in Baltimore: No. 604 S Eutaw St St.: Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH May 4th 1913 (Month) (Day) (Year)

7-AGE 1 yrs. 9 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Isaac Johnson

11-BIRTHPLACE OF FATHER (State or country) Calvert Co Md.

12-MAIDEN NAME OF MOTHER Stella Conner

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stella Johnson

(Address) 604 S Eutaw St

15-Filed FEB 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 20, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1915, to Feb 20 1915, that I saw h[er] alive on Feb. 19, 1915, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. 1/2 mos. ds

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) Emma R Byrne M. D.

, 191.. (Address) 1223 E. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Feb 23rd 1915

20-UNDERTAKER John Homon & Son | ADDRESS 901 Hollins St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82937

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82937

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1427 Block ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Griffin

(Residence in Baltimore: No. 1427 Block St.; yrs., mos. 2/ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH. Nov 24, 1914
(Month) (Day) (Year)

7-AGE. .....yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. George Griffin

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary Callison

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Griffin

(Address) 1427 Block St

15- Filed FEB 22 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Paralysis.....
.....Paralysis.....
.....Paralysis.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed).....D.W. Jones.....M. D.
(Coroner.)

Feby. 21, 1915. (Address)...316 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Feb 22 1915
20-UNDERTAKER	ADDRESS
John W Henderson	317 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C82938

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82938

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Dougherty

(Residence in Baltimore: No. 636 Bradley St. St.; 10 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, McKinney (Month) 1 (Day) ..... (Year)

7-AGE, 34 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Walker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas E Dougherty

(Address) 629 N Landsdale St

15- FEB 22 1915 HERBERT O. ANDREWS, Registrar of Vital Statistics

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to Feb 22 1915, that I saw him alive on Feb 21 1915, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Aortic and Mitral Insufficiency

(Duration) ? yrs. ? mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ? yrs. ? mos. 5 ds.

(Signed) John D. Fegley M. D.

....., 191. (Address) Md Gen Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 636 Bradley St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Md

DATE OF BURIAL, 2/25/15, 191...

20-UNDERTAKER Jas L Kennedy

ADDRESS 5 E Biddle

C82939

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C82939

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Peine ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Woodland

(Residence in Baltimore: No. 329 Peine St. 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible] 1875 (Month) (Day) (Year)

7-AGE: 40 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John F. Woodland

11-BIRTHPLACE OF FATHER (State or country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary F. Woodland

(Address) 329 Peine St

15- FEB 22 1915 HENRY O. [illegible], Burial Permit Clerk
Filed ....., 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 21st, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1915, to, July 21, 1915, that I saw h~~im~~ alive on July 20th, 1915, and that death occurred, on the date stated above, at 9.40 A.M.

The CAUSE OF DEATH* was as follows:

Intramural Interstitial (Duration) — yrs 3 mos. — ds.

Contributory (SECONDARY) Bronchitis + Cardiac Weakness (Duration) 1 yrs — mos. — ds.

(Signed) Edmund Ed Muckenfuss M. D.

July 22, 1915. [Address] 1334 E. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Peter's Cemetery

DATE OF BURIAL: Feb. 23, 1915

20-UNDERTAKER: Felix B. Pye

ADDRESS: 102 E. Mulberry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82940 91 C82940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Caroline Perkins

(Residence in Baltimore: No. 413 W Saratoga St.; ... yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be carefully calculated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, January 2 (Month) (Day) 1838 (Year)

7-AGE, 76 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington D C.

PARENTS.

10-NAME OF FATHER: Francis M. Wiley.

11-BIRTHPLACE OF FATHER (State or Country): Washington D C

12-MAIDEN NAME OF MOTHER: Sarah Mahony

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Perkins

(Address) 413 W Saratoga St.

15-

Filed FEB 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 22 1915, that I saw h.e alive on Feb 21 1915, and that death occurred, on the date stated above, at 2 16 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ... yrs. ... mos. 27 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 4 yrs. ... mos. ... ds.

(Signed) Thomas S. Fenby M. D.

2/22, 1915 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 24 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 413 W. Saratoga st.

19-PLACE OF BURIAL OR REMOVAL, Lutw Park Cem. DATE OF BURIAL, Feb. 25., 1915.

20-UNDERTAKER Wm C. Rc ADDRESS 502 E North Ave

C82941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C82941

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 3239 Chestnut Ave 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora B. Horner

(Residence in Baltimore: No. 3239 Chestnut Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 1, 1876
(Month) (Day) (Year)

7-AGE, 38 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Harford Co Md.

PARENTS.

10-NAME OF FATHER, Joshua Bateman

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Martha Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Md -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Horner

(Address) 3239 Chestnut Ave

15- FEB 22 1915 BUREAU OF ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor Sage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Samuel C. Repp M. D.
(Coroner.)

Feb 21, 1915. (Address) 3546 Clifton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 23, 1915

UNDERTAKER H. S. Marshall — ADDRESS 3539 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82942

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82942

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 Etherwood Lane ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael H Connolly

(Residence in Baltimore: No. 520 Etherwood Lane St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug (Month) 27th (Day), 1862 (Year)

7-AGE, 52 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harry Connolly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Rock

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Connolly

(Address) 520 Etherwood Lane

15-

Filed FEB 22 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

Feb 20, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Bonnie Brae Cemetery

DATE OF BURIAL, Feb ..., 19...

20-UNDERTAKER Wendell Kipphut & Son

ADDRESS 672 Lem st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82943

CERTIFICATE OF DEATH.

170 C82943

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Patterson Pk ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Meyer

(Residence in Baltimore: No. 231 N. Patterson Pk ave St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) Nov 20 (Day), 1847 (Year)

7-AGE. 67 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Meyer

(Address) 231 N Patterson Pk ave

15- FEB 22 1915 HARRY O. ANDREWS, Special Permit Clerk.
Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 20 1915, that I saw h[illegible] alive on Feb 20 1915, and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Nephritis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Chas T. Truman M. D.

Feb 22, 1915. (Address) 211 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, Feb 23, 1915

20-UNDERTAKER Wendell Offutt & Co | ADDRESS 87 8th

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82944

CERTIFICATE OF DEATH.

81 C82944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S Paca ST.; 27 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Holmes

(Residence in Baltimore: No. 531 S. Paca St.; 67 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ... Feb. (Month) 22 (Day) 1858 (Year)

7-AGE, 56 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) At home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Patrick Burns

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Alice Morris

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Holmes

(Address) 531 S. Paca St.

15-

Filed FEB 23 1915, 191.. HENRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month), 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1915, to Feb. 21 1915, that I saw her alive on Feb. 20 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis,

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilatation of Heart, (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. M. Lumpkin M. D.

Feb. 22 1915 (Address) 602 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	Feb. 24 1915
20-UNDERTAKER	ADDRESS
F. A. Krause	703 Hanover

N.B.—CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—5-19-13—M. & T.—500 Bks.

C82945

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82945

CERTIFICATE OF DEATH.

80

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Guilford ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lina Politzer.

(Residence in Baltimore: No. 2433 Guilford Ave St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December (Month) 5 (Day), 1862 (Year)

7-AGE, 52 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, David Lindenborn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lina Lindenborn

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Dr. Lewis P.....

(Address)..... 1717 N. Caroline St.

15- FEB 23 1915 BOARD OF HEALTH, Filed....., 191.... Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 21 1915, to February 21 1915, that I saw h[illegible] alive on " 21 1915, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Intracerebral

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

..... (Duration)..... 4 yrs..... mos..... ds.

(Signed) Arnoldina E. Lewis P. M. D.

February 22, 1915 (Address) 1717 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Harbaini Cem	2/24..., 1915
20-UNDERTAKER	ADDRESS
J. A. Pikus Co	807 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. F. E. T. Y.

Spec.—3-24-14—M. & T.—2000 Bks.

C82946 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C82946

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6448 S. Ewley St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J. Mc Elroy

(Residence in Baltimore: No. 6448 S Ewley St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 14, 1870 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 1 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Mc Elroy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Alice Burns

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Mc Elroy

(Address) 6448 S. Ewley

15- Filed FEB 23 1915, 19 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1915, to Feb 21 1915, that I saw h.m alive on Feb 21 1915, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

To my knowledge (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis Mohr M. D.

Feb 22, 1915. (Address) 2935 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem	24, 1915
20-UNDERTAKER Wm Cook	ADDRESS 503 E Mar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 D A K

Spec.—8-24-14—M. & T.—2000 Blks.

C82947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C82947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Leadenhall ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Scully

(Residence in Baltimore: No. 1137 Leadenhall St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, February 14, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 0 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coach Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Dennis Scully

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Elizabeth Scully

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora E. Scully

(Address) 1137 Leadenhall

15- FEB 23 1915 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1914, to Feby 20 1915, that I saw h.. alive on Feby 19 1915, and that death occurred, on the date stated above, at 5 45 a/m.

The CAUSE OF DEATH* was as follows:

Tubercu[illegible]sis Lungs

(Duration) 1 yrs. 30 mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) H. E. Ferguson M. D.

Feb 20, 1915 (Address) 1730 N. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Feb 22, 191..

20-UNDERTAKER Wm Cook

ADDRESS 1017 N. Ave

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C82948

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Bartlett Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Croghan

(Residence in Baltimore: No. 608 Bartlett Ave St.; —yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 184? (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Lyons

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Shea

(Address) 608 E. Bartlett Ave

15- Filed FEB 23 1915, 191.. DEPUTY CLERK, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 21, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1914, to Feb 21 1915, that I saw her alive on Feb 20 1915, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart failure

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Reginald J. Tonry M. D.

Feb 23, 1915. (Address) 4142 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leas Ballto Co. Md.	Feb 24, 191..
20-UNDERTAKER E A Wedefeldt	ADDRESS Greenmount Ave

N. B.—Exactness of answers to questions is important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82949 C82949

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C

2-FULL NAME James H. Barry.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence if Baltimore) No. 200 S. Paul St. Brookline, Mass. St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 23, 1865
(Month) (Day) (Year)

7-AGE, 46 yrs. 4 mos. 30 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt. Telephone
(b) General nature of industry, business, or establishment in which employed (or employer): Co

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.
10-NAME OF FATHER, David Barry.
11-BIRTHPLACE OF FATHER (State or Country), Ireland.
12-MAIDEN NAME OF MOTHER Reardon.
13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Phelps.
(Address) Johns Hopkins Hosp.

15- Filed FEB 23 1915, 191... MARY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1915, to Feb 22, 1915, that I saw h- in alive on Feb 22 1915, and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency.
Chronic fibroid myocarditis.
(Duration) ....yrs. 5 mos. ....da.
CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) 1 yrs. ....mos. ....da.

(Signed) F. J. Janney Smith M. D.
Feb 24, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 3 ds. In the State — yrs. — mos. 36 ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 200 S. Paul St Brookline Mass

19-PLACE OF BURIAL OR REMOVAL, Greenmount | DATE OF BURIAL, Feby 24 1915

20-UNDERTAKER Henry W. Jenkins Sons Co | ADDRESS McCulloh & Richard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82950

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015. Rosland Pl. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace. Bishop

(Residence in Baltimore: No. 3015. Rossland Place St.; 22 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 6th, 1863
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cleaner of
(b) General nature of industry, business, or establishment in which employed (or employer): Schools

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. Fitzhugh

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alice Tarrin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Talia Bishop

(Address) 3015. Rossland Pl.

15-

Filed FEB 23 1915 MARY O. ANDREWS, Registrar.

191 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1915, to Feb 21 1915, that I saw her alive on Feb 21 1915, and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) Hubert E. Bish M. D.

Feb 21", 1915. (Address) 3050 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fonden Park

DATE OF BURIAL, Feb 23", 1915

20-UNDERTAKER G. F. Walker

ADDRESS 2230 Eastern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8295 1

C8295 1

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Burnard H. Lassen

(Residence in Baltimore: No. 119 S. Castle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 9, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Lassen

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Mary E. Gunther

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lassen

(Address) 119 S. Castle St

15- FEB 23 1915 Filed, 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Feb 22 1915, that I saw h[illegible] alive on Feb 22 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Catarrh Pneumonia
Chills continued

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 4 ds.

(Signed) H. Barnard C. Silver M. D.

Feb 23, 1915. (Address) 917 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Feb 24, 1915

20-UNDERTAKER H. Sander & Sons — ADDRESS 710 Cast St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82952

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C82952

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2810 Raynor av ST. 16 WARD)

2-FULL NAME Cora C. Edwards

(Residence in Baltimore: No. 2810 Raynor av St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White.

5-~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Dec 14th (Month) (Day), 1879 (Year)

7-AGE: 35 yrs. 2 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Geo W Myers

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Shuff

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas C. Edwards

(Address) 2810 Raynor Ave

15. Filed FEB 23 1915, 191 [illegible] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 21 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 20, 1914, to February 21 1915, that I saw h[illegible] alive on February 20, 1915, and that death occurred, on the date stated above, at 1 a, m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Gustav Due M. D.

Feby 22 1915 (Address) 1833 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Feb 23 1915

20-UNDERTAKER: Bertram Bost ADDRESS 1723 W Lafayette Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82953

CERTIFICATE OF DEATH.

45

C82953

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Penrose Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie E. Clasper

(Residence in Baltimore: No. 1924 Penrose Ave St.; ...yrs.,...mos. ...ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

6-DATE OF BIRTH, ...Nov... (Month) 2a (Day), 1846 (Year)

7-AGE, 68 yrs. 3 mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Lane

11-BIRTHPLACE OF FATHER (State or Country), Annapolis md

12-MAIDEN NAME OF MOTHER Mary E. Pease

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Webster

(Address) 1308 Hollins

15- FEB 23 1915 HARRY O. ANDREWS, Filed..... 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1915, to Feb 21 1915, that I saw her alive on Feb 21 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Chronic Lingering

Carcinoma of entire Pelvic organs

(Duration) about 1 yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) General Emaciation

(Duration) ... yrs. 7 mos. ... ds.

(Signed) H. E. Tuckerman M. D.

Feb 22, 1915. (Address) 2002 N. Lemuston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 24, 1915

20-UNDERTAKER Jos Juerdens, Son

ADDRESS 2171 Penn

C82954

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82954

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. 1510 Ramsay St.: 19 Ward)

2-FULL NAME Elizabeth Booker

(Residence in Baltimore: No. 1510 Ramsay St.; 16 yrs. ..... mos. ..... ds.)
in Balto. Md. 64 yrs

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED. (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willy Booker

(Address) 1510 Ramsay St.

15 FEB 23 1915 Filed ..... 191 ..... Burial Permit Oleis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17, 1913, to, Feb 20 1915, that I saw her alive on Feb 19 1915, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage left side
hemiplegia 1st attack

Duration 1 yrs. 10 mos. ..... ds.

Contributory (SECONDARY) 2nd attack cerebral hemorrhage left side hemiplegia (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. E. Krantz M. D.

Feb 21, 1915 [Address] 1602 W. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Feb 23, 1915

20-UNDERTAKER: Harry Holtzke — ADDRESS: 1510 Ramsay St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82955 C82955

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Carroll St.; 21 WARD) REGISTERED NO. C

2-FULL NAME Albertina Seelert.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1110 Carroll St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 26 (Month) (Day), 1848 (Year)

7-AGE 66 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Underhoff Russia

PARENTS.

10-NAME OF FATHER, Underhoff.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilie Seelert

(Address) 1110 Carroll St

15- FEB 23 1915 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15 1912, to Feb 20 1915, that I saw her alive on Feb 20 1915, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

1 Cerebral Arteriosclerosis

2 Interstitial Pneumonia

3 Senility (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) 3 yrs. mos. ds.

(Signed) John G. Alexander M. D.

Feb 24, 1915. (Address) 1120 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb. 23d, 1915

20-UNDERTAKER Geo Leimbach & Son — ADDRESS 647 W Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82956

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C82956

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1324 N. Calhoun street, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Hilla Blake,

(Residence in Baltimore: No. 1324 N. Calhoun street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, ... February 10th, 1915.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Bemjamin Blake,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Elsie Dare,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Dare, mother,

(Address) 1324 N. Calhoun street,

15- Filed FEB 23 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February 21st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kempfel, M. D.
(Coroner)

Feb. 22, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Feb 23 1915

20-UNDERTAKER James H Dennis

ADDRESS 1203 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82957

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C82957

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 334 S. Pulaski ST. 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ferdinand Staff

(Residence in Baltimore: No. 334 S Pulaski St.: 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: March (Month) 1st (Day), 1858 (Year)

7 AGE: 55 yrs. 11 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Staff

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Emma Staff

(Address) 334 S. Pulaski St

15 Filed FEB 23 1915, 19.. HARRY O. ARLBERG, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 22 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1914, to. Feb. 22 1915, that I saw h.. alive on Feb. 22, 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sphenoid & Stomach

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

2-23, 1915 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 25, 1915

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

C82958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82958

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 E. Fort Ave, ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenz Granlich

(Residence in Baltimore: No. 1033 E. Fort Ave. St.; 2 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April (Month) 23rd (Day) 1837 (Year)

7-AGE, 77 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Lorenz Granlich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Granlich

(Address) 1033 E. Fort Ave

15- FEB 23 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to Feb 21 1915, that I saw him alive on Feb 21 1915, and that death occurred, on the date stated above, at 4. A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Sidney H. Street M. D.

Feb. 21, 1915. (Address) 431 E Fort Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb. 24th, 1915.

20-UNDERTAKER Mrs Mrs John H. Leupel — ADDRESS 601 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82959

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C82959

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Davis

(Residence in Baltimore: No. 1326 N. Bond St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov 20th, 1836 (Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Robert Dundas

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Elliott

(Address) 1615 W. Broadway

15- FEB 23 1915 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1915, to Feby 21 1915, that I saw her alive on Feby 21 1915, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

No autopsy

Duration.....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Probable cause of last

Duration Unknown ds.

(Signed) A. A. Davis M. D.

Feby 22 1915. (Address) 1513 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Feby 22, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E. Monument st

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82960 C82960

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Garrison Lane ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucia Von der Osten Sacken

(Residence in Baltimore: No. 313 Garrison Lane St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 28, 1888
(Month) (Day) (Year)

7-AGE, 26 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Max H. Berg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman V.D.O. Sacken

(Address) 313 Garrison

15- FEB 23 1915 Filed..... 191.. HARRY O. ANDREAS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1915, to Feb 21 1915, that I saw h[illegible] alive on Feb. 21. 1915, and that death occurred, on the date stated above, at 8 45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. L. Lloyd M. D.

Feb 22, 1915. (Address) 609 Fawcett

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery.	Feb. 24th 1915.
20-UNDERTAKER Charles W. Sell.	ADDRESS 3109 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82961

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82961

1 PLACE OF DEATH

Registered No. C 91

CITY OF BALTIMORE (No. 1011 Burgundy Alley ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Helen Koenig

Residence in Baltimore: No. 1011 Burgundy Alley St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 31st (Month), 1912 (Day) (Year)

7 AGE: 2 yrs. 6 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. A. Koenig

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Lena Hoffman

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Koenig

(Address) 1011 Burgundy Alley

15 FEB 23 1915 Filed ..... 191.....

HARRY O. ANLBERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 19, 1915, to February 22 1915, that I saw h[illegible] alive on February 22, 1915, and that death occurred, on the date stated above, at 5 ½ m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Mal nutrition

(Duration) yrs. 2 mos. ds.

(Signed), Eberhard Draine M. D.

Feb 23, 1915 (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Feb 24th, 1915

20 UNDERTAKER: Jas. Pigeon & Son — ADDRESS: 1000 S. Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82962 C82962

CERTIFICATE OF DEATH.

170
114

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 713 W. Lanvale St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Branson

(Residence in Baltimore: No. 713 W. Lanvale St.; 30 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, May (Month) 30. (Day) 1870. (Year)

7-AGE, 44 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), St. Marys Co. Md.

PARENTS.

10-NAME OF FATHER, William Thomas.

11-BIRTHPLACE OF FATHER (State or Country), St. Marys Co. Md.

12-MAIDEN NAME OF MOTHER Henrietta Tar.

13-BIRTHPLACE OF MOTHER (State or Country), St. Marys Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Branson

(Address) 713 Lanvale St.

15- Filed Feb. 23 1915 — HARRY O. ANDERS, Registrar. Feb. 22, 191 5. Burial Permit Gior

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22d (Day) 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 191 5, to Feb 21 191 5, that I saw h er alive on Feb 21 191 5, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cecite Pericarditis

Prolapsus

(Duration) yrs. mos. 2 1 ds.)

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

Feby 23, 1915. (Address) 1418 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb. 25, 1915.

20-UNDERTAKER Edward W. Pyl. — ADDRESS 61 Wilkins Ave Catonsville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82963

CERTIFICATE OF DEATH.

92 C82963

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 W Preston St. WARD 11)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Simpson

(Residence in Baltimore: No. 341 W Preston St. St.; 44 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): South Carolina

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Simpson

(Address) 341 W. Preston St

15- FEB 23 1915 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22nd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1915, to Feb 22nd 1915, that I saw h[illegible] alive on Feb 22nd 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) Gradual yrs. mos. ds.

(Signed) E. L. Brack M. D.

Feb 23, 1915 (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, Feb 24, 1915.

20-UNDERTAKER Edw. W. Pye, 61

ADDRESS Wynton Ave Catonsville

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82964 151 C82964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St. ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Baker

(Residence in Baltimore: No. St Vincents Infant Asylum St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb. (Month) ..... 22 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), St. Vincents Infant Asylum

PARENTS.

10-NAME OF FATHER, John Baker

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Baker

(Address) 1401 Division St.

15- Filed FEB 23 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) ..... 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Lived 20 minutes after birth 191 , to 191 , that I saw her alive on Feb. 22, 1915, and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows:

Congenital debility

20 minutes

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Mucker M. D.

Feb 22, 1915 (Address) 913 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Feb 23, 1915
20-UNDERTAKER	ADDRESS
H Fahey & Sons	606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82965

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82965

CERTIFICATE OF DEATH.

14 78

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavinia Laughlin

(Residence in Baltimore: No. 307 Presstman St. St.; yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April 14, 1838
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
76 yrs. 10 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos Laughlin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Jansen

(Address) 307 Presstman St.

15- FEB 23 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22 1915, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Feb. 22 1915, that I saw her alive on Feb. 22, 1915. 191, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis. Hypertrophy of Heart

(Duration) Indefinite mos. ds.

CONTRIBUTORY (Secondary) Senile Debility.

(Duration) Indefinite mos. ds.

(Signed) Charles G. Clark M. D.

Feb. 22 191 5 (Address) 1377 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State During Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 307 Presstman St.

Former or usual residence 307 Presstman St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	Feb 27 1915
20-UNDERTAKER	ADDRESS
W J Gilmartin	Roman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82966 C82966

CERTIFICATE OF DEATH.

REGISTERED NO. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Cumberland ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank C. Fuller Jr.

(Residence in Baltimore: No. 539 Cumberland St.; ....yrs.... ....mos. ....da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 27th, 1914. (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 27 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Bacto. Md.

PARENTS.

10-NAME OF FATHER, Frank C. Fuller

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Harriette Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F. C. Fuller

(Address) 539 Cumberland St.

15- Filed FEB. 23. 1915 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 23rd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 8 1915, to Feby 23 1915, that I saw him alive on Feby 22 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

La Grippe & Cold
weak Stomach & complications
& Teething

(Duration) ....yrs. ....mos. 15 da.

CONTRIBUTORY (Secondary) Meningitis

(Duration) ....yrs. ....mos. 5 da.

(Signed) E. Clement M. D.

Feby 23, 1915. (Address) 1605 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Feb 24, 1915.

20-UNDERTAKER W. J. Tuckers Son. ADDRESS North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C82967

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82967

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Gilmor ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lupton

(Residence in Baltimore: No. 606 N Gilmor St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, September 6th, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Mc Farland

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Anthony

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Dyckhart M.D.

(Address) 701 N. Carrollton Ave.

15- FEB 23 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 23rd 1915, to February 22nd 1915, that I saw h[illegible] alive on February 22nd 1915, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Hypertrophy
Decompensation
(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency
(Duration) 3 yrs. mos. ds.

(Signed) J. Howard Dyckhart M. D.

Feb 23rd, 1915. (Address) 701 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harrisonburg, Va. DATE OF BURIAL, Feb 24, 1915

20-UNDERTAKER W J Tuckwiller Sons ADDRESS North Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82968

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C82968

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Ashburton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis George Ginter

(Residence in Baltimore: No. 604 Ashburton Ave St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH: July (Month) 27 (Day), 1914 (Year)

7-AGE: ...yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work — None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER John A J Ginter

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Gertrude M Winkert

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ginkert

(Address) 604 Ashburton Ave

15- Filed FEB 23 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1915, to Feb 21 1915, that I saw him alive on Feb 21 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(Duration) ...yrs ...mos. 21 ds.

Contributory (SECONDARY) .....

(Duration) ...yrs ...mos. ...ds.

(Signed) Walter A Coe M. D.

2-22, 1915 [Address] 545 Fenton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Feb-24 1915

20-UNDERTAKER: H. M. Gaunthof — ADDRESS: 901 W. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82969

CERTIFICATE OF DEATH.

79

C82969

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 W. 37th St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Dixon

(Residence if Baltimore: No. 1015 W. 37th St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...(Month) Feb. ...(Day) 20, ...(Year) 1853

7-AGE, 62 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. Burke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Hartley

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Dixon

(Address) 1015 W. 37 St.

15- FEB 23 1915 Filed ... 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...(Month) Feb. ...(Day) 20, ...(Year) 1915.

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1914, to Feb. 20 1915, that I saw her alive on Feb. 20th 1915, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Retrogitation

Chronic Myocarditis

(Duration) 2 yrs. 8 mos. ...ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(Duration) ...yrs. ...mos. 3 ds.

(Signed) L. L. Smith M. D.

Feb 21, 1915. (Address) 3435 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Tabor Balto Co. Md. DATE OF BURIAL, Feb. 24, 1915.

20-UNDERTAKER Unknown W. & Son ADDRESS 2417 Chestnut Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82970

CERTIFICATE OF DEATH.

47 C82970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 E. 31 St. ST.: 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma H. Nisbet

(Residence if Baltimore: No. 1923 E. 31 St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1899 (Year)

7-AGE,	If LESS than 1 day.
15 yrs. 7 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): no

9-BIRTHPLACE, (State or Country) New Jersey

PARENTS.

10-NAME OF FATHER, Thomas Nisbet

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Jennie M. Leadingham

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Nisbet

(Address) 1923 E. 31 St. Stud

15-

Filed FEB 23 1915 Registrar. ROBERT J. KRAUTER Burial Permit Clerk

FEB 23 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Feb. 22 1915, that I saw her alive on Feb 22 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever

Endocarditis

(Acute cardiac dilatation)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Harry L. Hyde M. D.

Feb. 23, 1915. (Address) 1024 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL. Feby 24, 1915

20-UNDERTAKER John B. Spence — ADDRESS 1325 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C82971 — CERTIFICATE OF DEATH — 130 C82971

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 627 C. Fort Av ST.: 24 WARD)

2 FULL NAME Catherine McLaughlin

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 627 C. Fort av. St.: 30 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH ....., 1854 (Month) (Day) (Year)

7 AGE: 60 yrs. ... mos. ... ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Pat Croghan

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Winnie Conry

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie McDonald

(Address) 627 C Fort av.

15 Filed FEB 23 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 21, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Feb 21 1915, that I saw her alive on Feb 20, 1915, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Pulmonalis

(Duration) 1 yrs. 1 mos. ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Bruce M. D.

Feb 23, 1915 (Address) 1412 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Feb 24, 1915

20 UNDERTAKER: Jos J. Talmage Son — ADDRESS: 1318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C82972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C82972

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret McGarrity

(Residence in Baltimore: No. 943 Ensor St.; 1 yrs., 5 mos. 20 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 29, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Michael McGarrity

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Silby Love

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Silby McGarrity

(Address) 943 Ensor St

15- FEB 24 1915 Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Feb 22 1915, that I saw h e alive on Feb 22 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis with Cardiac Asthenia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis

(Duration) ....yrs. ....mos. 12 ds.

(Signed) Guy Billups M. D.

Feb 23, 1915. (Address) 2224 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cemetery

DATE OF BURIAL, February 24, 1915.

20-UNDERTAKER Henry Gorsuch & Son

ADDRESS 1301 E Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

C82973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C82973

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Marshall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loiuna Realbuto - Realbuto

(Residence in Baltimore: No. 1125 Marshall St.: 1 yr. 5 mos. 5 ds.)

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 18th (Day), 1913. (Year)

7-AGE, 1 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....—

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Rafaele Realbuto

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER, Maria Russo

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rafaele Realbuto

(Address) 1125 Marshall St.

15- FEB 24 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23d (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1915, to Feb 23d 1915, that I saw h-r alive on Feb 22d 1915, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Capillary Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

(Signed) S. Donato M. D.

2-23, 1915. (Address) 1004 Fawn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross (a a Co) DATE OF BURIAL, 2-24th, 1915

20-UNDERTAKER E & B Hartz ADDRESS 115 E N east St

Spec.—3-24-14—M. & T.—2000 Bks.

C82974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C82974

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Webster ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Keenan

(Residence in Baltimore: No. 1408 Webster St.; 60 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 12, 1853
(Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Dorchester Co Md

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co.

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Smadbeck

(Address) 1408 Webster St.

15-
Filed FEB 24 1915, 191... MARY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Feb 23 1915, that I saw h[illegible] alive on Feb 22 1915, and that death occurred, on the date stated above, at 2-00 m.

The CAUSE OF DEATH* was as follows:

1.

2. Dysuria

3.

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) G. D. Buxton M. D.

Feb. 23, 1915. (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hooper's Island Md

DATE OF BURIAL, 2/26, 1915.

20-UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C82975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 79

C82975

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jones

(Residence in Baltimore: No. 1408 May St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec. 9, 1869
(Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dalis Spencer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Record

15- FEB 24 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1915, to Feb 22 1915, that I saw her alive on Feb 22 1915 and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Contributory

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dorotheus

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward J. Smith M. D.

Feb. 22, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 Day In the State 45 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1408 May St

Former or usual residence 1408 May St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 25, 1915.

20-UNDERTAKER Robt A Elliott ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82976 — 28 — C82976

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 566 Truxton Alley ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Miller

(Residence in Baltimore: No. 566 Truxton Alley — St.: 42 yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 17th (Month) (Day), 1872 (Year)

7-AGE, 42 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Thomas Taylor -

11-BIRTHPLACE OF FATHER (State or Country), Baltimore - Md.

12-MAIDEN NAME OF MOTHER Catherine Lowry -

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore - Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Boyer

(Address) 566 Truxton Alley

15- Filed FEB 24 1915, 191. HARRY O ANDERSON, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 14 1915, to Feb 22 1915, that I saw h er alive on Feb. 14 1915, and that death occurred, on the date stated above, at 2.45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bertha E. Tapman M. D.

Feb. 23, 1915. (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ist Auburn — DATE OF BURIAL, Feb. 24th, 1915.

20-UNDERTAKER Rott & Elliott — ADDRESS 1506 East St

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82977 HEALTH DEPARTMENT—CITY OF BALTIMORE × 167 C82977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia H. Lemoine

Residence in Baltimore: No. Ivondale, Va. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female.	White	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1 (Year)

7-AGE. Adt. 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.:

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known.

12-MAIDEN NAME OF MOTHER. Not known.

13-BIRTHPLACE OF MOTHER (State or Country). Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Hospital Records.

(Address)

15- Filed FEB 24 1915, 191. HARRY O. ANDERS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said ~~Inquest~~, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident Burns of chest abdomen & extremities. Clothing caught fire from stove.
(Duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) yrs. mos. ds.

(Signed) Thos. H. Schamberger M. D.
(Coroner.)
Feb 23, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 34 ds. In the State yrs. mos. 34 ds.
Where was disease contracted, if not at place of death? Va Ivondale, Va
Former or usual residence

19-PLACE OF BURIAL ~~OR REMOVAL~~, Emmerton Richmond Co. Va. DATE OF BURIAL, Feby 24, 1915

20-UNDERTAKER Stewart Mowen Co ADDRESS 108 W. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82978

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C82978

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Edgewood av 1510 ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Hobson

(Residence in Baltimore: No. 36 N Lyeming St ST.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: Dec 8, 1850 (Month) (Day) (Year)

7-AGE: 64 yrs. 2 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Mark Hobson

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H Hobson Jr

(Address) 1510 N 36th St

FEB 24 1915 Filed ..., 191...

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1915, to Feb 23 1915.
that I saw h... alive on Feb 22, 1915.
and that death occurred, on the date stated above, at 12 M. m.
The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Broncho Pneumonia

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY) Paralysis

(Duration) ... yrs. ... mos. 15 ds.

(Signed) D W Smith M. D.

Feb 25, 1915 (Address) 3623 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Grove Funeral Co md

DATE OF BURIAL: Feb 25, 1915

20-UNDERTAKER: E LeRoy Stapleton

ADDRESS: 8 W 36th St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C82979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

C82979

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Mosher ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellis Goshnick

(Residence in Baltimore: No. 1341 Mosher St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1837 (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Saleskeeper Gent's Furnishing

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Mike Gotsnick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Goshnick

(Address) 1341 Mosher St

15-FEB 24 1915 Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23rd, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 22 1915, to July 23 1915, that I saw h[illegible] alive on July 22 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) E K [illegible] M. D.

July 4, 1915. (Address) 92 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 26 1915

20-UNDERTAKER J. Lennon & Bro — ADDRESS 407 E Balto St

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEE PAID

Spec.—5-19-13—M. & T.—500 Bks.

C82080

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C82980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lebrew Hospital

CITY OF BALTIMORE: (No. Monument ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ivan Feuerstein

(Residence in Baltimore: No. 627 Hanover Street St.; X yrs., 9 mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Feuerstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fanie Garfinkle

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Feuerstein

(Address) 627 E Hanover St

15-FEB 24 1915 Filed....., 191... HARRY O. AHLERS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-2 1915, to 2-24 1915, that I saw h[illegible] alive on 2-24 1915, and that death occurred, on the date stated above, at 8:35 p.m.

The CAUSE OF DEATH* was as follows:

Tbc. pneumonia (right)

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) yrs. mos. 11 ds.

(Signed) M. B. Levin M. D.

....., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 627 Hanover St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Blvd

DATE OF BURIAL, Feb 26 1915

20-UNDERTAKER S. Levinson & Bro

ADDRESS 107 E Balto St

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.A. COD

Spec.—5-19-13—M. & T.—500 Bks.

C82981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C82981

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 N. Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Pennell

(Residence in Baltimore: No. 1343 N. Calhoun St.; ...yrs., 3 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, May 14, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Elijah Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Brown

(Address) 1343 N. Calhoun

15-FEB 24 1915, Filed....., 191.....

Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 21, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 13 1915, to Feb 21 1915, that I saw h-r alive on Feb 21 1915, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos...8...ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Paul Brown M. D.

Feb 22, 191.5 (Address) 1837 Penna. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Feb 24, 191.5

20-UNDERTAKER James H. Denig

ADDRESS 1352 Rutter

P. S.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C82982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Ware ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grey

(Residence in Baltimore: No. 211 N. Ware St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb 20, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 2 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Grey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Forrman

(Address) Omm. Hospital

15- Filed FEB 24 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from (Feb 20 1915, to Feb 22 1915, that I saw her alive on Feb 21 1915, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Premature foetus

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. H. Forrman M. D.

..., 191... (Address) Omm. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, FEB 24 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Each question must be answered in the manner indicated if possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

795

C82983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C82983

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2027 E Chase ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lawrence Dieter

(Residence in Baltimore: No. 2027 E Chase St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Infant

6-DATE OF BIRTH, Feb 18th, 1915
(Month) (Day) (Year)

7-AGE, yrs. mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Dieter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Dieter

(Address) 2027 E Chase St

15- FEB 24 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Icterus Neonatorum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

Feb 24, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Saint Alphonsus Cem. DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER Frank Coach Maryland

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8:2984 — 91 — C8:2984

Registered No. C .....

1 PLACE OF DEATH

City of Baltimore (No. 1518 Wilmer al St. 14 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Nilson

(Residence in Baltimore: No. 1518 Wilmer al St.; 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colred

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dont know (Month) (Day), 1870 (Year)

7-AGE: 45 yrs. 2 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labror
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): North Carolina

PARENTS

10-NAME OF FATHER: Not-Known

11-BIRTHPLACE OF FATHER (State or country): Not-Known

12-MAIDEN NAME OF MOTHER: Not-Known

13-BIRTHPLACE OF MOTHER (State or country): Not-Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Nilson

(Address) 1518 Wilmer al

15. FEB 24 1915 Filed ....., 19.. ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1915, to Feb 23 1915, that I saw h[illegible] alive on Feb 23, 1915, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) asphyxia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T. E Daugherty M. D.

2/24, 1915 (Address) 1602 Penna Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Prospect P. Woodmanco Md | DATE OF BURIAL: Feb 25 1915

20-UNDERTAKER: John H. Owens | ADDRESS: 1222 Druid Hill Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8298 C8298 C8298

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 1915

C82986

CERTIFICATE OF DEATH.

C82986

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B. Johnson

(Residence in Baltimore: No. 16 W. Pratt St St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 28 (Day), 1850 (Year)

7-AGE, 64 yrs. 6 mos. 25 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John T. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margaret S. Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Johnson

(Address) 4006 Park Heights Ave

15- Filed FEB 24 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 22 1915, to Feb 22 1915, that I saw h[im] alive on Feb. 22 1915 and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

(a) Interstitial Nephritis and Myocarditis

(Duration) Do not know yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(Duration) 2 yrs. 1 mo. 6 da.

(Signed) Edward P. Smith M. D.

Feb 22, 191.5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State 25 yrs. ....mos. ....da.

Where was disease contracted if not at place of death? 16 W. Pratt St

Former or usual residence 16 W. Pratt St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL. Feb. 25, 1915

20-UNDERTAKER George J. Smith — ADDRESS 1330 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C82987

1-PLACE OF DEATH Hebrew Hospital 19 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Riley

(Residence in Baltimore: No. 1810 W Baltimore St. St.; 71 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) widow

6-DATE OF BIRTH, Not Known (Month) (Day), 1844 (Year)

7-AGE, 71 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel H Brashears

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Matilda Farber

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr E F Hearn

(Address) 1810 W Balto St

15- FEB 24 1915 Filed....., 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/13 1915, to 2/22 1915, that I saw h-er alive on 2/22 1915, and that death occurred, on the date stated above, at 11.35 Pm.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration)... 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Gangrene

..... (Duration)..... yrs. ..... mos. 75 ds.

(Signed) M. B. Lavin M. D.

2/22, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~~yrs.~~ 1 mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1810 W Balto St

Former or usual residence 1810 W Balto st

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, FEB 25 1915, 191...

20-UNDERTAKER Geo. A. Gerber ADDRESS Balto & Payson Sts

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82988 — 92 C82988

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence G. Clayton

(Residence in Baltimore: No. 1444 Patapsco St.; ..... yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 1, 1914
(Month) (Day) (Year)

7-AGE, 0 yrs. 8 mos. 23 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas L. Clayton

11-BIRTHPLACE OF FATHER (State or Country), Brooklyn, Md.

12-MAIDEN NAME OF MOTHER Mary Butz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Butz

(Address) 1444 Patapsco St

15- FEB 24 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1915, to Feb 23 1915, that I saw her alive on Feb 22 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 2 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Krusen M. D.

Feb 23, 1915 (Address) 3100 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 25, 1915.

20-UNDERTAKER, H. F. M. G. Flynn — ADDRESS 1711 Light St

N. B.—Every item of information must be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82989

CERTIFICATE OF DEATH.

1/66

C82989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E Lexington ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amy E. Ina Gilley

(Residence if in Baltimore: No 1408 E Lexington St.; 42 yrs. 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Nov. 10th, 1863 (Month) (Day) (Year)

7-AGE, 51 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Saml. A. Love

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Joanna Knight

13-BIRTHPLACE OF MOTHER (State or Country): City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza A. O'Donnell

(Address) Norwood Ave Catonsville

15- FEB 24 1915 Filed, 191.

ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 191, to Feb 22 1915, that I saw h[illegible] alive on Feb 22 1915, and that death occurred, on the date stated above, at 10.35 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Feb 25, 1915.

20-UNDERTAKER G. F. Walker — ADDRESS W. Baltimore

N. B.—Every item of information must be given as accurately as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C82990

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1132 Druid Hill Ave. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Phillips

(Residence in Baltimore: No. 1132 Druid Hill Ave. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Sept 8, 1861 (Month) (Day) (Year)

7-AGE: 53 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel for 6 yrs

9-BIRTHPLACE (State or country): Fredericksburg Va

PARENTS

10-NAME OF FATHER: John Phillips

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Virginia Hall

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F. Hall Jr (Son

(Address) 1132 Druid Hill Ave

15- Filed FEB 24 1915 191

ROBERT . KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 22d, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1915, to Feb 22d 1915, that I saw h[illegible] alive on Feb 21st, 1915, and that death occurred, on the date stated above, at 1130 a m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Coma

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Hemiplegia

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) W. Winsey M. D.

....., 191..... (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL [illegible] Cemetery — DATE OF BURIAL Feb 25 191[illegible]

20-UNDERTAKER John A. Bixby — ADDRESS Druid

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82991 — 104 — C82991

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Alice Anna ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Kalwaszyk

(Residence in Baltimore: No. 1720 Alice Anna St.; 1 yrs., 6 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ... Aug. (Month) ..... 5 (Day), 1913 (Year)

7-AGE, 1 yrs. 6 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kalwarczyk

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Annie Turek

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... John Kalwarczyk

(Address) ..... 1720 Alice Anna St.

15- FEB 24 1915 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Feb. 23 1915, that I saw her alive on Feb. 22 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) /

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Kehberger M. D.

Feb 23, 1915 (Address) 1709 Aliceanna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Feb. 25, 1915
20-UNDERTAKER William Fialkowski	ADDRESS 1618 Eastern Ave.

8292

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

8292 REGISTERED No. C 74

CITY OF BALTIMORE (No. 1 W. Mt Vernon Place 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kelly

(Residence in Baltimore: No. 1 Mt Vernon Place

Supposed Age: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	single

6-DATE OF BIRTH ..... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 53 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rev Geo Blezzard

(Address) 1 W Mt Vernon Pl

15 FEB 24 1915 Filed ..... 191 .....

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1915, to Feb 24 1915, that I saw h W alive on Feb 24, 1915, and that death occurred, on the date stated above, at 9.40 m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Cardiac asthma
(Duration) yrs. mos. 2 ds.

(Signed) J. L. Hooper M. D.

Feb 24, 1915 (Address) 917 N. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral | DATE OF BURIAL Feb 26, 1915

20-UNDERTAKER M Fahey & Sons | ADDRESS 606 Fayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82993

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 155

C82993

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH Maryland General Hospital,

CITY OF BALTIMORE (No. Linden ave. & Madison st. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Harry L. Brown,

(Residence in Baltimore: No. Non-resident, St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, February (Month) 22nd (Day), 1867 (Year).

7-AGE, 47 yrs. 0 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer): corking gas pipes,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, John Brown,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER, Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Brown, wife,

(Address) Academy ave., Arlington.

15- FEB 24 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic acid poisoning, (suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....mos.....ds.

(Signed) J. Frederick Kemper M. D. (Coroner.)

Feb. 24, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1/2 hour., ...ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? arlington, Baltimore county, Md.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Methodist Cem. Reisterstown

DATE OF BURIAL, 2/27, 1915.

20-UNDERTAKER Tom Cook

ADDRESS 537 E. Mo. ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82994 C82994

CERTIFICATE OF DEATH.

X 103, 24

1-PLACE OF DEATH Md. General Hospital

REGISTERED No. C.....

CITY OF BALTIMORE, (No. Cor Madison & Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Robert Jackson

(Residence in Baltimore: No. Deltaville Middlesex Co Va St.; ... yrs., ... mos., ... ds.)

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, ... February ..... 28 ....., 1847
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Middlesex Co Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E. Dranck

(Address) 802 Madison ave

15- FEB 24 1915 HARRY O. ANDREWS,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February ..... 25, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 14 1915, to Feb. 25 1915, that I saw him alive on Feb. 25 1915, and that death occurred, on the date stated above, at 5.45 am.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

.....

.....

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) 1 yrs. ..... mos. 1 ds.

(Signed) J. Earle Bell M. D.

Feb 25 1915. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 11 ds. In the State ... yrs. 1 mos. 12 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Deltaville Middlesex Co Va

19-PLACE OF BURIAL, OR REMOVAL, Grimes Wh. Middlesex Co Va. DATE OF BURIAL, Feb. 25, 1915.

20-UNDERTAKER Chas E. Dranck ADDRESS 802 Madison ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82995

CERTIFICATE OF DEATH.

6 x 91 C82995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Thomas H. Landellan

(Residence in Baltimore: No. Greensboro Md. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, Jan (Month) 24 (Day), 1847 (Year)

7-AGE 68 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Waterlesburg Md.

PARENTS.

10-NAME OF FATHER, Joseph Longfellow

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary R. Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard R. Pritchett

(Address) Greensboro Md

15- FEB 25 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to Feb 24 1915, that I saw h[illegible] alive on Feb. 24 1915, and that death occurred, on the date stated above, at 8.P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Myocarditis

Chr. Nephritis

(Duration).....yrs. 8 mos.....ds.

CONTRIBUTORY (Secondary) Chronic Abscess

(Duration) 5 yrs.....mos.....ds.

(Signed) J. Davis Reichard M. D.

Feb 24, 1915 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Maryland. Greensboro Md

19-PLACE OF BURIAL OR REMOVAL Greensboro Md | DATE OF BURIAL, ~~Feb 25~~ 1915

20-UNDERTAKER George J. Smith | ADDRESS 102 W Lexington St

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8:2996

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8:2996

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 685 Josephine ST.: 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus R. Currie

(Residence in Baltimore: No. 685 Josephine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Feb 11, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. 13 mos. ..ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Batts Ind

PARENTS.

10-NAME OF FATHER, Daniel Currie

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jamie Currie

13-BIRTHPLACE OF MOTHER (State or Country), N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Della Blue

(Address) 685 Josephine

15- FEB 25 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) J. B. Jeffers (Coroner.) M. D.

Feb 24 1915 (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, Feb 25, 1915

20-UNDERTAKER Walter Burns | ADDRESS 337 Myrtle Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82997

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

CERTIFICATE OF DEATH

C82997

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1728 W. Fayette ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John F Lenard

(Residence in Baltimore: No. 1728 W. Fayette St. St.: 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: about (Month) (Day), 1871 (Year)

7 AGE: about 44 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Michael Lenard

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Tully

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Wm Lenard

(Address) 1728 W. Fayette St

15 Filed FEB 25 1915, 191

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 23 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 29, 1915, to Feby 22 1915, that I saw h[illegible] alive on Feby 22 1915, and that death occurred, on the date stated above, at 6:50 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Robert K Lucas M. D.

Feby 23, 1915 (Address) 1001 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Feb 25, 1915

20 UNDERTAKER: H. M. Gaughan

ADDRESS: 908 W. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

C8:2998

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

C8:2998

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 William ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Carson

(Residence in Baltimore: No. 1500 William St.; yrs. 5 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) 11 (Day) 1847 (Year)

7-AGE: 67 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: John Wolf.

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Bagnall

(Address) 1500 Williams St.

15- Filed FEB 25 1915 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1915, to, Feb 24 1915, that I saw her alive on Feb 24 1915, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Confined to bed

(Duration) 3 yrs. mos. 5 ds.

Contributory (SECONDARY) Erysipelas with myo-Carditis

(Duration) yrs. mos. 20 ds.

(Signed) J. F. Hawkins M. D.

Feb 25 191.5 [Address] 1618 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Plymouth Ohio — DATE OF BURIAL: Feb 27 191.5

20-UNDERTAKER: Louis Heimann — ADDRESS: 32 S Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C82999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C82999

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Wasche ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Coates

(Residence in Baltimore: No. 727 Wasche St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Va. Va. Co. Md

PARENTS.

10-NAME OF FATHER, Joseph Coates

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Blase

(Address) 1st Mosher St

15- FEB 25 1915 Filed....., 191.....

WM. T. ARDREY, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22d, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1914, to Feb 22d 1915, that I saw him alive on Feb 22d 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Hernia Strangulata

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatic Obstruction

(Duration) 2 yrs. mos. ds.

(Signed) J. B. Hughes M. D.

Feb 24 1915 (Address) 1418 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cem	Feb 25, 1915
20-UNDERTAKER	ADDRESS
Jno. H. Blackford	1st Mosher St

N. B.—Every item of information should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly c important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C82000

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82000

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W. Lombard ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel Hawk

(Residence, in Baltimore: No. 1912 W. Lombard St.; ....yrs., 5 mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be carefully ascertained. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 29, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Thomas Run Md

PARENTS.

10-NAME OF FATHER, Leo Richelon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Virgil Hawk

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alice B. Hawk

(Address) 1912 W. Lombard

15- Filed FEB 25 1915 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 12 1915, to Feby 24 1915, that I saw her alive on Feby 24 1915, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Theo. W. Koldewey M. D.

Feb 24, 1915. (Address) 34 S Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, February 25, 1915.

20-UNDERTAKER Geo. L. Schwab & Bro

ADDRESS 1101 Eutaw Ave

C83001

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C83001

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2142 Wilkens Ave St.: 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Thomas J Hasson

(Residence in Baltimore: No. 2142 Wilkens Ave St.: 52 yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Sept 27, 1862 (Month) (Day) (Year)

7. AGE: 52 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Balto

PARENTS

10. NAME OF FATHER: Malcolm Hasson

11. BIRTHPLACE OF FATHER (State or country): unknown

12. MAIDEN NAME OF MOTHER: Mary E. Munck

13. BIRTHPLACE OF MOTHER (State or country): Balto Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. A. Hasson

(Address) 2142 Wilkens Ave

15. FEB 25 1915 (Filed) ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to Feb 22 1915, that I saw h[illegible] alive on Feb 22, 1915, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Metastasis of Liver
Thrombosis Coronal (Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Toxemia (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Malcolm Hasson M. D.

Feb 23, 1915 (Address) 2550 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb 25, 1915

20. UNDERTAKER: Chas B Cook — ADDRESS: 1003 N. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

167

Spec.—5-19-13—M. & T.—500 Bks.

C83002

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83002

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Gilmor ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Mullon Hood

(Residence in Baltimore: No. 104 S. Gilmor St St.; 50 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, December 9, 1844
(Month) (Day) (Year)

7-AGE, 70 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter & Build
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Hood

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Margaret McKelley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mamie Hood.

(Address) 104 So. Gilmor St.

15-

Filed FEB 25 1915, 191.. HARRY O. AHLERS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1915, to Oct 24 1915, that I saw him alive on Oct 24 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) don't know yrs. mos. ds.

(Signed) Howard C. Todd M. D.

Oct 25, 1915. (Address) 737 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence)

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park.	Oct 27, 1915.
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Gilmor St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

C83003

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83003

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 817 N. Bane St.; 21 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred A. Stump

(Residence in Baltimore: No. 817 N. Bond St.; 34 yrs ... mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 21, 1881 (Month) (Day) (Year)

7-AGE: 33 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife.

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: James Roan.

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Katherine Sanders.

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph A. Stump.

(Address) 817 N. Bond St

15-

Filed FEB 25 1915, 191

HARRY O. AMBERG, Burial Permit Officer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 24, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 1, 1914, to Feb. 24 1915, that I saw h.. alive on Feb. 24, 1915, and that death occurred, on the date stated above, at 12.15A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 5 mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) G Mitchell M. D.

Feb 24, 1915. (Address) 12.74 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 27, 1915

20-UNDERTAKER: Jas. Dignan & Son — ADDRESS: 1000 S. Paca

C83004 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 C83004

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rosario Trovato

(Residence in Baltimore: No. 221 S. High St. St. 1 yrs., ~ mos. ~ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.): Single

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 18 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Italy.

PARENTS.

10-NAME OF FATHER: Orazio Trovato

11-BIRTHPLACE OF FATHER (State or Country): Italy.

12-MAIDEN NAME OF MOTHER: Concetta Cannizzaro

13-BIRTHPLACE OF MOTHER (State or Country): Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Orazio Trovato

(Address) 221 S. High St.

15- FEB 25 1915 HARRY O ANDERSON, Filed ..... 191.. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, ~~autopsy~~ or inquiry.) thereon and from the evidence obtained by said ~~Inquest, au~~ Inquiry (topsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Revolver wound of Head.

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hollo Saunders M. D. (Coroner.)

Feb. 25, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ~ yrs. ~ mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 221 S High St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Feb. 26, 1915

20-UNDERTAKER: Lilly & Zeiler ADDRESS: 1038 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C83005 HEALTH DEPARTMENT—CITY OF BALTIMORE 1 40 C83005

CERTIFICATE OF DEATH. 3

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Schwartz

Residence in Baltimore: No. 141 N. Exeter St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White Hebrew

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Schwartz

(Address) 141 N. Exeter St.

15- FEB 25 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1915, to Feb 25 1915, that I saw him alive on Feb 25 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
(verified by operation
and microscopical section)

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) R. T. Kieffer M. D.

Feb 25, 1915. (Address) U. S. N.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 141 N Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER J. Feinstein & Bro — ADDRESS 1007 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated in YEARS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83006

HEALTH DEPARTMENT—CITY OF BALTIMORE.

47 C83006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Carlton ST. 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Davis

(Residence in Baltimore: No. 30 S Carlton St St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, May (Month) ..... (Day) 1889 (Year)

7-AGE, 25 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Boland

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lizzie Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Davis

(Address) 30 S Carlton St

15-FEB 25 1915 HARRY O. ANDREWS, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1915 (Year)

17-~~I~~ I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Feb 24 1915, that I saw h~~er~~ alive on Feb 24 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Tonsulitis
Pneumonia
(Duration) ....yrs. 1 mos. ....ds.
CONTRIBUTORY (Secondary) Endocarditis
(Duration) ....yrs. ....mos. 7 ....ds.

(Signed) H F Norwood M. D.
Feb 25, 1915. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Feb 27, 1915

20-UNDERTAKER John F Cowan — ADDRESS 901 Hollins St

C83007

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C83007

CITY OF BALTIMORE (No. 810 W. Saratoga St. 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie E. Boyle

(Residence in Baltimore: No. 810 W Saratoga St.; yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1844 (Month) (Day) (Year)

7 AGE: 71 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: — Creamer

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Austin F. Doyle

(Address) 810 W Saratoga

FEB 25 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 24, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 191.., to Feb 23 1915

that I saw her alive on Feb. 23, 1915.

and that death occurred, on the date stated above, at 7:10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) — yrs. — mos. 2 ds.

(Signed) J. W. Thiede M. D.

Feb 26, 1915 (Address) 1130 Bowlandwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 26, 1915

20 UNDERTAKER: Hohl & Kunz — ADDRESS: 1442 Y Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

C83008

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C83008

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1825 E. Biddle ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Leona Smith

(Residence in Baltimore: No. 1825 E. Biddle St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February 8, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 15 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clarence A. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Smith

(Address) 1825 E. Biddle St.

15- FEB 25 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February 23rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition caused by pre-mature birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)

Feb 24th 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 25, 1915
20-UNDERTAKER	ADDRESS
Robert J. Tunis	1442 N. Fulton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C83009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×79 C83009

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Brown

(Residence ~~in Baltimore~~: No. Richwood, W. Va St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1873 (Year)

7-AGE, 41 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Frank Lin A. Brown

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Mildred Maley

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W. L. Brown

(Address).....

15-

Filed FEB 25 1915, 191.. HARRY O. ARDENS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24, 1915, to Feb 23 1915, that I saw h~~im~~ alive on Feb 23 1915 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurg

Dont Know (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward F. Smith M. D.

Feb 23 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 30 ds. In the State 15 yrs. 5 mos. 4 ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence Richmond W. V

19-PLACE OF BURIAL OR REMOVAL, Sanden Park Cemetery — DATE OF BURIAL, Feb. 26., 1915

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Bradley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83010

CERTIFICATE OF DEATH.

92 C83010

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Druid Hill Av ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Brown

(Residence in Baltimore: No. 516 Druid Hill Av St.; yrs., 3 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians will please CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1911 (Year)

7-AGE, ✓ yrs. 3 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Harrison Brown

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md

12-MAIDEN NAME OF MOTHER Edna Laprade

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Laprade

(Address) 516 Druid Hill Av

15- Filed FEB 25 1915, 191. Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1915, to Feb 25 1915, that I saw him alive on Feb 24 1915, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. J. Chatard M.D. M. D.

Feb 25, 1915. (Address) 206 N. Felton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. dy. In the State yrs. mos. dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem | DATE OF BURIAL, 27, 1915

20-UNDERTAKER Samuel T. Hemsley | ADDRESS 578 W Biddle St.

Spec.—5-19-14—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83010

CERTIFICATE OF DEATH.

1920 C83011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 W. Biddle St.; 11 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Barnes

(Residence in Baltimore: No. 344 W. Biddle St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Infants should be described as CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wesley Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Hester Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Barnes

(Address) 344 Biddle St.

15- Filed FEB 25 1915, 191.

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/23/, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1914, to 2/23/ 1915, that I saw h— alive on 2/23 1915, and that death occurred, on the date stated above, at / m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Pleurisy (Duration) 1 yrs. ... mos. ... ds.

(Signed) A. Lee Ellis M. D.

2/25, 1915. (Address) 9 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baldwin Md. DATE OF BURIAL, Feb 27, 1915.

20-UNDERTAKER Samuel T. Hemsley ADDRESS 578 W. Biddle

C83012

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83012

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1407 Belt ST. 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Edward Kale Jr

(Residence in Baltimore: No. 1407 Belt St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 25 (Month), 25 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Herman E. Kale

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lululu Swallow

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lululu M. Kale

(Address) 1407 Belt St

15-

Filed FEB 25 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1915, to Feb 25 1915, that I saw h.. alive on Feb 25, 1915, and that death occurred, on the date stated above, at 1240 Pm.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sidney H. Stuart M. D.

Feb 25, 1915 (Address) 431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: Feb 25, 1915

20-UNDERTAKER: E. D. Fanning

ADDRESS: 1760 Battery Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C83013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83013

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 113 E Oslend ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine M. Donatt

(Residence in Baltimore: No. 113 E Oslend St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. Physicians are requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 24, 1914
(Month) (Day) (Year)

7-AGE, 0 yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, P. Howard Donatt

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Minnie M Hess

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Howard Donatt

(Address) 113 E Oslend St

15-
FEB 25 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to Feb 23 1915, that I saw her alive on Feb 22 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J H Gunkens M. D.

Feb 24, 1915 (Address) 3100 Hampden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Feb 26, 1915
20-UNDERTAKER	ADDRESS
M. Daylé & Son	15 E Lee St

C83014

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C83014

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 Brinsea St. ST. 21 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Young

(Residence in Baltimore: No. 1111 Brinsea St. St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: May (Month) 25 (Day), 1914 (Year)

7-AGE: yrs. 5 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Robert B. Young

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lizzie Wiggins

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert B Young

(Address) 1111 Brinsea St

15. Filed FEB 25 1915, 191 ROBERT O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1915, to Feby 23 1915.

that I saw h-- alive on Feby 23, 1915.

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Convulsions

From acute indigestion

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W A Smith M. D.

Feby 24, 1915 (Address) 1538 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn St — DATE OF BURIAL: Feb 26, 1915

20-UNDERTAKER: S. L. Broadwater Son — ADDRESS: 104 W. Monroe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U.S.A. STATE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83015

CERTIFICATE OF DEATH.

29 C83015

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Ringold

(Residence in Baltimore: No. 1138 Pennsylvania ave St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physician's report of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH, Unknown (Month) (Day), 18?? (Year)

7-AGE, 21 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER Robert Ringgold

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15- FEB 25 1915 HARRY O. ANDREWS, Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1915, to Feb 24 1915, that I saw h.. alive on Feb. 24 1915, and that death occurred, on the date stated above, at 12 10 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) Miliary tuberculosis

(Duration) ....yrs. ....mos. 6 ....ds.

(Signed) Frank C. Evans M. D.

Feb 24, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 4 ds. In the State 21 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1138 Pennsylvania ave

19-PLACE OF BURIAL OR REMOVAL, Pennsylvania Md — DATE OF BURIAL, Feb. 27, 1915.

20-UNDERTAKER Daniel Easton — ADDRESS 716 Penna ave

KODAK

C83016

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83016

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 299 Belair Road ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis F A Liebing

(Residence in Baltimore: No. 299 Belair Road St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 7, 1859 (Month) (Day) (Year)

7-AGE: 55 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Henry Liebing

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Wilhelmina Engelgen

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christina Liebing

(Address) 299 Belair Road

FEB 25 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1915, to Feb. 24th 1915, that I saw him alive on Feb. 24th, 1915, and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:

Septic Pneumonia.

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Septic arthritis of Left Knee joint

(Duration) ..... yrs. Don't Know mos. ds.

(Signed) Amelia V. Zimmerman M. D.

Feb 24th, 1915. (Address) 1805 W Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb 28th, 1915

20-UNDERTAKER: Frederick Loraine & Sons — ADDRESS: Fullerton Md

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C83017 HEALTH DEPARTMENT—CITY OF BALTIMORE C83017

CERTIFICATE OF DEATH. 151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 N Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Woelcker

(Residence in Baltimore: No. 1725 N Chapel st St.; ..yrs.. ..mos. ..ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 25, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. ..ds. If LESS than 1 day, 7 hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Eugene Woelcker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Nellie Scroggs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene J. Woelcker

(Address) 1725 N. Chapel St

15-

Filed FEB 25 1915 H. HARRIS, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to Feb 25 1915, that I saw h.. alive on Feb 25 1915, and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..yrs. ..mos. ..ds.

(Signed) John F. Emery M. D.

Feb 25 1915. (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Feb. 25 1915

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond St

Spec.—5-19-12—M. & T.—500 Bks.

C83018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92C83018

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2117 Gough ST.; 1 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Devon
(Residence in Baltimore: No. 2117 Gough St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single
6-DATE OF BIRTH, Unknown (Month) (Day) 1840 (Year)
7-AGE, 75 yrs. — mos. — ds.
If LESS than 1 day, ... hrs. or .... min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Ireland

PARENTS.
10-NAME OF FATHER William Devon
11-BIRTHPLACE OF FATHER (State or Country) Ireland
12-MAIDEN NAME OF MOTHER Mary Ireland
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Francis J Devon
(Address) 1116 Fawn St

15- FEB 25 1915 HARRY O. ARLEEN, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23rd 1915, to Feb 24th 1915, that I saw h[er] alive on Feb 23 191, and that death occurred, on the date stated above, at 2.20 a.m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ... yrs. 1 mos. 2 ds.
CONTRIBUTORY (Secondary) Cardiac Exhaustion
Unknown (Duration) ... yrs. ... mos. ... ds.
(Signed) Arthur Stebbins M. D.
Feb 24th, 1915. (Address) 2011 E Broad St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem
DATE OF BURIAL, 2/26, 1915
20-UNDERTAKER Chas S. Evans & Son
ADDRESS 118 W. Mt. Royal Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83019

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83019

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 E. Hoffman St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Worthington

(Residence in Baltimore: No. 2306 E. Hoffman St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 4, 1868 (Month) (Day) (Year)

7-AGE, 46 yrs. 11 mos. 19 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer - Motor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Henry Worthington

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Nanalee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Paul Gordon

(Address) 2306 E. Hoffman

15- HARRY O. ANDREWS, Burial Permit Clerk.

Filed FEB 25 1915 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 23 191 5, to Feb 24 191 5, that I saw h.m. alive on Feb 23 191 5, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) B P Hagan M. D.

Feb 24, 191 5 (Address) 1305 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Arlington Cem	Feb 27, 1915
20-UNDERTAKER	ADDRESS
C. Evans & Son	624 W. Pratt

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83420

CERTIFICATE OF DEATH.

1915 C83020

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. B+O. Tunnel near Guilford St.; WARD)

2-FULL NAME Robert Rigney

(Residence in Baltimore: No. 18 Rail Road Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	S single

6-DATE OF BIRTH, May 24, 1897 (Month) (Day) (Year)

7-AGE, 17 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jas Rigney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Rigney

(Address) 3520 Parkdale Ave

15- Filed FEB 25 1915 ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed under freight train-Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac E. Ayres M. D. (Coroner.)

Feb 25. 1915 (Address) 3640 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden

DATE OF BURIAL, Feb 27, 1915

20-UNDERTAKER Chenowith & Son

ADDRESS Chestnut Ave

C83021

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 0C83021

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Shanahan

(Residence in Baltimore: No. Little Sisters of the Poor St.; 69 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fe. Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE ..... 72 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER John Sullivan

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Julia Burke

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Little Sisters of the Poor

(Address) Fisher Bennaiet

15- FEB 25 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feby 25 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h.. alive on Feby 24 1915,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Gastric carcinoma
No operation
Unknown (Duration) yrs. ..... mos. ..... ds.
Contributory (SECONDARY) Exhaustion
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. Allbaugh M. D.
Feb 25 1915 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death 11 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cathedral — DATE OF BURIAL Feb 26, 1915

20-UNDERTAKER N. C. Studfield — ADDRESS 914 Gruman Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83022

C83022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Washington St. WARD) REGISTERED No. C 79

2-FULL NAME John Farrell.

(Residence in Baltimore: No. 232 S Washington St. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

S.: 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 17th 1836
(Month) (Day) (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Farrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Farrell

(Address) 232 S Washington St.

15- Filed FEB 25 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23d, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28th 1915, to Feb 23rd 1915, that I saw h.. alive on Feb 22nd 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....

Mitral Regurgitation

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Arthur Webb M. D.

Feb 24th 1915. (Address) 2011 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 26, 1915

20-UNDERTAKER John A Horn & Son — ADDRESS Bank St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83023

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 4083023

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N Schroeder St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Faut

(Residence in Baltimore: No. 227 N Schroeder St.; 81 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: October 22, 1833 (Month) (Day) (Year)

7-AGE: 81 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Sophia Smith

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F Faut Jr

(Address) 227 N Schroeder St

15- FEB 25 1915 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 191 5, to, Feb 23 191 5, that I saw h..... alive on Feb 23 191 5, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W Norwood M. D.

Feb 24 191 5 [Address] 829 Fayette E

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 2-26-1915

20-UNDERTAKER: Henry C Branning Son — ADDRESS: 5 South Poppleton St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83024

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C83024

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 W Lexington St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A Clark

(Residence in Baltimore: No. 828 W Lexington St.; 63 yrs. 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-~~SEX~~ Fem | 4-COLOR OR RACE Wht | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH July 31 (Month) (Day), 1851 (Year)

7-AGE 63 yrs. 5 mos. 10 ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Jas Malbon

11-BIRTHPLACE OF FATHER (State or country) England

12-MAIDEN NAME OF MOTHER Emeline White

13-BIRTHPLACE OF MOTHER (State or country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry F Clark

(Address) 828 W Lexington St

15- Filed FEB 25 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 24 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb, 190 5, to, Feb 24 191 5, that I saw h.. alive on Feb 24 191 5, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 10 yrs. 6 mos. d.

Contributory (SECONDARY) Diabetic Coma

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Morrow M. D.

Feb 25, 191 5 [Address] 93 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL Feb 27th 1915

20-UNDERTAKER Henry C Brannington Son | ADDRESS 517 N. Broadway St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83025

CERTIFICATE OF DEATH.

154 C83025

1-PLACE OF DEATH 1203 Valley St

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Degenhardt

(Residence in Baltimore: No. 1203 Valley St.; 66 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, July 18th, 1831 (Month) (Day) (Year)

7-AGE, 83 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Westphalen — Germany

PARENTS.

10-NAME OF FATHER, —— Degenhardt

11-BIRTHPLACE OF FATHER (State or Country) Westphalen Germany

12-MAIDEN NAME OF MOTHER —— Schulte

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia M. Degenhardt

(Address) 1203 Valley St.

15- FEB 26 1915 HARRY O ANDERSON

Filed....., 191.... Carta Perelt Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24th, 1915.
2nd (Month) 24th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th 1915, to Feb 24th 1915, that I saw him alive on Feb 24th 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Old age

.....

.....

..... (Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary).....

..... (Duration) yrs. mos. ds.

(Signed) J. Armanden T. Norris M. D.

....., 191... (Address) 1603 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Feb 27, 1915

20-~~UNDERTAKER~~ A. Fink & Son ADDRESS 915 N. Gayst

C83026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C83026

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Wolcott ave near Sumner Road St.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. High

(Residence in Baltimore: No. Wolcott ave near Sumner Road St.: 80 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Married

6-DATE OF BIRTH: December (Month) 22 (Day), 1834 (Year)

7-AGE: 80 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Joseph High,

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Mary Smith,

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis K. High

(Address) Wolcott Ave.

15 Filed FEB 26 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1914, to Feb 25 1915, that I saw h[illegible] alive on Feb 24, 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Heart dilatation
Mitral insufficiency -

(Duration) 4 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John J. King M. D.

Feb 25 1915 (Address) 1425 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb. 27. 1915

20-UNDERTAKER	ADDRESS
Geo. W. Little	531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(83027) 172083027

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 208 N. Saratoga St.; 4th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Sophia Stempel

(Residence in Baltimore: No. 208 N. Saratoga St.; 42 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 13 (Month), 1873 (Year)

7 AGE: 42 yrs. 2 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltr. Md.

PARENTS

10 NAME OF FATHER: Julius Stempel

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Maria Stony

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Stempel

(Address) 217 Penn St

FEB 26 1915

Filed FEB 26 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 26th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2nd Feby, 1915, to Feby 26th 1915, that I saw her alive on Feby 24th, 1915, and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

She had Epilepsy for 30y Feby 2nd 1915 she accidentally fell Dist of Third Story Window Lower half of body Paralyzed.

(Duration) ..... yrs. ..... mos. 24 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 24 ds.

(Signed) H. H. Biedler M. D.

Feby 26th 1915 (Address) 1210 Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 28, 191.5

20 UNDERTAKER: Jos. D. Tittle — ADDRESS: 531 N. Fremont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C83028

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

714 C83028

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 811 N Dallas ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Kelly

(Residence in Baltimore: No. 811 N Dallas St.: 47 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June 23, 1853 (Month) (Day) (Year)

7-AGE: 61 yrs. 8 mos. 1 dy. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Irland.

PARENTS

10-NAME OF FATHER: Peter Brown

11-BIRTHPLACE OF FATHER (State or country): Irland

12-MAIDEN NAME OF MOTHER: Kathrin Manin

13-BIRTHPLACE OF MOTHER (State or country): Irland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michl. J. Kelley

(Address) 1811 N. Dallas st.

15- FEB 26 1915 Filed ....., 191 HARRY O. ARLEN, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1914, to Feb 24 1915, that I saw h.. alive on Feb 24, 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

1 Gall Stones +
Catarrh Cholangitis
Cancer Liver (Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Edward Raynor M. D.

....., 191..... (Address) 885 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Mary Cemetery Govan

DATE OF BURIAL: March 1st 1915

20-UNDERTAKER: George J. Ruth.

ADDRESS: 1735 Harford ave.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHETHER PERMIT, WITH OR WITHOUT THIS IS A PERMANENT RECORD

C83029

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83029

CERTIFICATE OF DEATH

REGISTERED NO. C 37

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Mount ST. 19 WARD)

2-FULL NAME William Reed

(Residence in Baltimore: No. 406 N. Mount St.; whole life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: Sept. (Month) 30 (Day), 1882 (Year)

7-AGE: 32 yrs. 4 mos. 26 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): Logging & Lumbering Boats.

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Louis Reid

11-BIRTHPLACE OF FATHER (State or country): Accomac Co. Va.

12-MAIDEN NAME OF MOTHER: Not known to informant

13-BIRTHPLACE OF MOTHER (State or country): Not known to informant

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Reid

(Address) 416 N. Gilmor St.

15- Filed FEB 26 1915 HARRY O. ARLANDS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19th., 1915, to, Feb. 24th 1915, that I saw h-im alive on Feb. 23rd. 1915, and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Tertiary Syphilis and acute bronchitis

Syphilis — Bronchitis (Duration) 6 yrs. mos. 3 weeks ds.

Contributory (SECONDARY) Pulmonary Hemorrhage about 30 minutes (Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Feb. 25 1915 [Address] 606 N. Strieker St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Feb the 27 1915

20-UNDERTAKER: Alfred J. Freeland — ADDRESS: 114 N Schroeder St

Spec.—5-19-13—M. & T.—500 Bks.

C83030

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E. North ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. F. Boggess

(Residence in Baltimore: No. 1216 E. North ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 31 (Day), 1842 (Year)

7-AGE, 72 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Jobbing

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Thos. Lindsay Boggess

11-BIRTHPLACE OF FATHER (State or Country), Washington

12-MAIDEN NAME OF MOTHER Adriana C. Seddon

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emelina Boggess

(Address) 1216 E. North ave

15- Filed FEB. 26 1915 191... Burial Permit 0[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1915, to Feb 23 1915, that I saw him alive on Feb. 23 1915, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary) Senile Cortical Sclerosis (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Feb 26 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb 26th 1915

20-UNDERTAKER George J. Routh — ADDRESS 1735 Harford Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83031 C83031

CERTIFICATE OF DEATH.

REGISTERED No. C 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N Fulton ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Lewis Cowen

(Residence in Baltimore: No. 1003 N Fulton ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... Nov 21 ....., 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Rennie Tobacco Co

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Chas L Cowen

11-BIRTHPLACE OF FATHER (State or Country), Missouri

12-MAIDEN NAME OF MOTHER, Elizabeth A Nalle

13-BIRTHPLACE OF MOTHER (State or Country), Missouri

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hessey

(Address) 1003 N Fulton ave

15-

Filed FEB 26 1915 HARRY O. AMBERG, Burial Permit Clerk
Registrar.

Mr Levy
1207 E. Monument

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. 24th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 28 1914 to Feby 24 1915, that I saw h[illegible] alive on Feby. 23 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis Lungs

(Duration) ..... yrs. 6 mos. 27 ds.

CONTRIBUTORY (Secondary) ..... unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Calvert L. Levy, M. D.

2/24, 1915. (Address) 1207 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park — DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER H. J. Tuckwell & Son — ADDRESS Pennsylvania

CAUSE OF DEATH is: plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83032

CERTIFICATE OF DEATH.

37 C83032

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 111 Mount Clare ave ST.: 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R Addison

(Residence in Baltimore: No. 111 Mount Clare al St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 23 (Day) 1914 (Year)

7-AGE, ...yrs. 13 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward R Addison

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ida May Kramm

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward R Addison

(Address) 111 Mount Clare ave

15- FEB 26 1915 HARRY C ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 25 1915, that I saw h[illegible] alive on Feb 25 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:*

Carcinoma Rectal Lower

(Duration) ....yrs. 3 mos. 28 ds.

CONTRIBUTORY (Secondary) Toxic Nutrition

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Hubert Brown M. D.

Feb 26, 1915 (Address) 1229 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery — DATE OF BURIAL, Feb 27, 1915

20-UNDERTAKER John F Bowen — ADDRESS John F Bowen

U.S. Standard Certificate of Death. NAME should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83033

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 C83033

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 Marion ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Pratt

(Residence in Baltimore: No. 412 Marion St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Charles Pratt

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Henrietta Brown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Chapman

(Address) 714 E. Biddle St.

15- FEB 26 1915 HARRY O. ..., Burial Permit Clerk

Filed ....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) I find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Carotid artery (Homicide)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cut by Razor

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

Feb 26 1915 (Address) ..... Coroner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER John J. Cunningham

ADDRESS 901 Hollins St.

N. B.—Every item of information should be carefully supplied. Accuracy in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C83034

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1627 Cuba St ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kirscher

(Residence in Baltimore: No. 1627 Cuba St

St... 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) ..... 15 (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 7 mos. 10 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

N Y

PARENTS.

10-NAME OF FATHER, Joseph Kirscher

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Amanda Kirscher.....

(Address)..... 1627 Cuba St.....

15- FEB 26 1915 HARRY O Al[illegible]S,

Filed....., 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Nephritis.....Chronic.....Sudden.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....Uremia.....

..... (Duration).....yrs.....mos.....ds.

(Signed) Edw Speculle M. D.
(Coroner.)

Feb. 26 1915. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Feb 28 1915
20-UNDERTAKER	ADDRESS
[illegible]	[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83035

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fodor

(Residence in Baltimore: No. X St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 13, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 12 ds. | If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Johnson, Gregory.

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Fodor, Carrie

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Frecke Md

(Address) Johns Hopkins Hospital

15- Filed FEB 26 1915, 191... HARRY O. ARLTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from birth Feb 13 1915, to Feb 24th 1915, that I saw h him alive on Feb 24 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ~ yrs. ~ mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis (Duration) ...yrs. ...mos. 12 ds.

(Signed) E. D. Glass M. D.

Feb 25, 1915. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, FEB 25 1915

20-UNDERTAKER | ADDRESS

Commissioner of Health

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83036

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83036

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2711 Fait Ave ST.: 1st WARD)

2. FULL NAME George Hodges

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2711 Fait St.: yrs. 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6. DATE OF BIRTH: Dec 12 (Month) (Day), 1914 (Year)

7. AGE: yrs. 2 mos. 12 ds. (If LESS than 1 day, hrs. or min.?)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Balto. Md.

PARENTS

10. NAME OF FATHER: Geo. T. Hodges

11. BIRTHPLACE OF FATHER (State or country): Balto. Md.

12. MAIDEN NAME OF MOTHER: Mary E. Schubert

13. BIRTHPLACE OF MOTHER (State or country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. T. Hodges

(Address) 2711 Fait ave.

15. Filed FEB 26 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb'y (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb'y 19, 1915, to Feby 24 1915, that I saw him alive on Feby 26, 1915, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Poly Neuritis (Alcoholic)

(Duration) yrs. mos. ds.

(Signed) H. Isaac Smith M.D.

Feb 25 1915 (Address) 240 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Feb 28 1915

20. UNDERTAKER: Lilly-Zeiler ADDRESS: 403 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83037

CERTIFICATE OF DEATH.

79. C83037

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Greenmount Ave ST.; 175 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Maddox

(Residence in Baltimore: No. 3134 Greenmount Ave St.; 22 yrs., ... mos. ... ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 17 (Day), 1844 (Year)

7-AGE, 61 yrs. 0 mos. 14 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Park Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John M. Maddox

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah J. McDaniel

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Maddox

(Address) #62 Fair Oaks Ave

15- FEB 26 1915

Filed....., 191.... HARRY O. ANDREAS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1914, to Feb 26 1915, that I saw him alive on Feb 25th 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart, with Arterio Sclerosis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY. (Secondary) Pulmonary Edema

(Duration) ...yrs. ...mos. 10 ds.

(Signed) R. B. Normant M. D.

Feb 26th, 1915. (Address) 3534 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, March 3, 1915

20-UNDERTAKER John Cook

ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83038

C83038

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Falls Road ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin R. Crowther

(Residence in Baltimore: No. 3800 Falls Road St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1846 (Year)

7-AGE, 68 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick-layer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Crowther

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline Parsons

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Crowther

(Address) 3800 Falls Road

15- FEB 26 1915 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1915, to Feb 24 1915, that I saw h— alive on Feb 24 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Abdominal Convulsions

(Duration) ....yrs. ....mos. 2d. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. B. Norwood M. D.

Feb 25, 1915 (Address) 314 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Mary's (Hamsden) DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83039

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83039

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 905 Peach alley ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hoy

Residence in Baltimore: No. 905 Peach Alley St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 4, 1872 (Month) (Day) (Year)

7-AGE: 42 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Steamer C
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Calvert Md

PARENTS

10-NAME OF FATHER: Ned Hoy

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mollie Garner

(Address) 905 Peach alley

15- FEB 26 1915 MARY O. ANDREWS, Filed ..., 191... Ass't Health Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16, 1915, to, Feb 26 1915, that I saw h[im] alive on Feb 25 191..., and that death occurred, on the date stated above, at 5 1. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

Contributory (SECONDARY): Pleurisy

(Duration) ... yrs. ... mos. 12 ds.

(Signed) H. S. McCarty M. D.

2/26 191 5 [Address] 2008 Ostend

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Ct — DATE OF BURIAL: Feb 28 — 1915

20-UNDERTAKER: L. E. Brown & Son — ADDRESS: 108 N. Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83040 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C83040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2010 Ellsworth ST.; 8 WARD) REGISTERED No. C.....
2-FULL NAME Marie N. Rezek (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
(Residence in Baltimore: No. 2010 Ellsworth St.; 1 yrs., 6 mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant
6-DATE OF BIRTH, Aug. (Month) 13 (Day), 1913 (Year)
7-AGE, 1 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Harry Rezek
11-BIRTHPLACE OF FATHER (State or Country) New York
12-MAIDEN NAME OF MOTHER Emma Broz
13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harry Rezek
(Address) 2010 Ellsworth St.

15- FEB 26 1915 HARRY O. ANDERSON,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1915, to Feb. 26 1915, that I saw h er alive on Feb. 26 1915, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:
Intestinal auto-intoxication,
Child died in a convulsion,
was in the convulsion from Feb 25, 11 P.M. until Feb 26, 3.30 A.M. (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) N. Amalia Melcher, M. D.
Feb. 26, 1915. (Address) 2250 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill — DATE OF BURIAL, Feb 28 1915
20-UNDERTAKER Frank Enoch & Son — ADDRESS 1904 Eastland Av

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83041

CERTIFICATE OF DEATH.

64 C83041

PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 Haven St.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabina Silack

(Residence in Baltimore: No. 678 Haven St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Feb. 13, 1848 (Month) (Day) (Year)

7-AGE, 67 yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Charles H. Hofmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotta Scheidel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter W. Silcox

(Address) 678 Haven St

15- FEB 26 1915 HARRY C. ARMIGER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to Feb. 24 1915, that I saw h[er] alive on Feb. 24 1915, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) ...yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteric-Sclerosis

(Duration) 5 yrs....mos....ds.

(Signed) C. M. Ellett M. D.

Feb 26, 1915 (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemy — DATE OF BURIAL, Feb 28, 1915

20-UNDERTAKER Jos Juerdens, Son — ADDRESS 217 S. Pine

N. B.—Every item of information should be carefully supplied. The AGE should be carefully ascertained. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83042

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C83042

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3547 Greenmount Ave ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Wonneman Jr.

(Residence in Baltimore: No. 3547 Greenmount Ave St.: ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 25 (Day), 1915 (Year)

7 AGE: ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: George G. Wonneman

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Pohl

13 BIRTHPLACE OF MOTHER (State or country): Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo G Wonneman

(Address) 3547 Greenmount Ave

15 Filed FEB 27 1915, 19.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1915, to Feb 25 1915, that I saw h... alive on Feb 25, 1915, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5 months

(Duration) ....yrs. ....mos. ....ds

Contributory (SECONDARY)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. A. Tucker Dr. M.D.

Feb 25, 1915 (Address) 112 W. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb 26, 1915

20 UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C83043

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83043

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home & Infirmary ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Magrile

(Residence in Baltimore: No. Non Resident St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. O. Hoffmann

(Address) 2100 W. North Ave.

15- FEB 27 1915 Filed ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accident.) Statement on mine falling on him.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elisha J. Cassell (Coroner.) M. D.

Feb 26th, 1915. (Address) 172 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, McAdoo Pa — DATE OF BURIAL, Feb 26, 1915

20-UNDERTAKER H E Hughes — ADDRESS 17 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83044

CERTIFICATE OF DEATH.

50 C83044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Smallwood ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Sigourt

(Residence in Baltimore: No. 610 S. Smallwood St.; 64 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month), (Day), 1850 (Year)

7-AGE, 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Andrew Johnstock

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katie Degnard

(Address) 610 S. Smallwood

15-

Filed FEB 27 1915 (15) ROBERT, KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month), 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to Feb 24 1915, that I saw h Ealive on Feb 23 1915, and that death occurred, on the date stated above, at 8 00 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus Chronic Interstitial Nephritis (Duration) 4 yrs. mos. ds.

(Signed) Howard Kahn M. D.

Feb 26, 1915. (Address) 1127 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, FEB 27 1915

20-UNDERTAKER Geo A Gerber

ADDRESS Balto Md

N. B.—Every item of information should be carefully supplied. All the items are important. See instructions on back of certificate. Exact statement of OCCUPATION is very CAUSE OF DEATH in plain terms, so that it may be properly classified.

C83045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C83045

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1603 N Dallas ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Weinreich

(Residence in Baltimore: No. 1603 N Dallas St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 15th (Day), 1868 (Year)

7-AGE. 46 yrs. 10 mos. 12 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, August Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia Kirchoff

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Weinreich

(Address) 1603 N. Dallas St.

15- Filed FEB 27 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion, Typhoid

(Duration) ...yrs. ...mos. ...ds.

(Signed) Albert L. Russell M. D. (Coroner.)

Feb 26, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. | DATE OF BURIAL, Feb 27 1915

20-UNDERTAKER C. Schlosman & Son | ADDRESS 1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83046 64 C83046

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 Brookfield St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Meeske LaPorte

(Residence in Baltimore: No. 2736 Brookfield Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 11, 1861
(Month) (Day) (Year)

7-AGE, 53 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Meeske

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. F. LaPorte

(Address) Marlborough Apts.

15- FEB 27 1915 ROBERT . KRAUTER
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct-25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to Oct 25 1915, that I saw h[er] alive on Oct 25 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos. 11 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion of Lung

(Duration)....yrs....mos. 2 ds.

(Signed) Wm C Lore M. D.

Oct 26, 1915 (Address) 436 W. Mont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct 27, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83047 — 18 — C83047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Green & Wayne St. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 35 about yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant):

(Address):

15- FEB 27 1915 Filed, 191 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1914 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from gun shot wound of thoracic aorta

(Duration) yrs. mos. ds.

~~CONTRIBUTORY~~ ~~(Secondary)~~ Homicide

(Duration) yrs. mos. ds.

(Signed) J. H. Jeffers M. D. (Coroner.)

Jan 5, 1915. (Address) 711 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY — DATE OF BURIAL, , 19

20-UNDERTAKER Per. Wm. E. WOODALL — ADDRESS

C83048 169 C83048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Wharf, facing Pratt ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Unknown

(Residence in Baltimore: No. unknown St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) unknown

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 35 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 27 1915 ROBERT F. KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning cause unknown

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Moses M. Savage M. D.
(Coroner.)

Feby 16, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	....., 19....
20-UNDERTAKER	ADDRESS

FEB 26 1915
Commissioner Health.
Per Wm. E. WOODALL

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83049 **CERTIFICATE OF DEATH.** 151 C83049

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1819 E Fayette ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Foetus of Rose & Wm Bowen

(Residence in Baltimore: No. 1819 E Fayette St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Foetus

6-DATE OF BIRTH, Feb 7th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foetus
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Bowen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rose Hutte

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 27 1915, 191.. ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Elgan L. Russell M. D.
(Coroner.)

Feb 8th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	FEB 26 1915, 19..
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL.

KODAK S.

Spec.—5-19-13—M. & T.—500 Bks. Rosalia Wiesniewska

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83050

CERTIFICATE OF DEATH.

19 C83050

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1603 Bethel Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Wiesniewska

(Residence in Baltimore: No. 160 Bethel Pl St.; 13 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow.

6-DATE OF BIRTH, Dont Know (Month) Know (Day), 1 (Year)

7-AGE, 65 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), German Poland.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Polaszik

(Address) 1603 Bethel Place

15- Filed FEB 27 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to Feb 26 1915, that I saw h in alive on Feb 25 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Primar Edema of Lungs

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Feb 25, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, March 1, 1915

20-UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann St.

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Teopla Dziedzic

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83051 C83051

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1604 Fleet ST.; 2 WARD) REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teopla Dziedzic

(Residence in Baltimore: No. 1604 Fleet St.; 26 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. – , 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. – mos. – ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Austria Galicia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kazmierz Dziedzic

(Address) 1604 Canton Ave

15-FEB 27 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Feb. 25 1915, that I saw her alive on Feb. 24 1915, and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia
(Bronchial)
(Duration) ...yrs....mos. 9 ds.
CONTRIBUTORY (Secondary) Cardiac debility
(Duration) ...yrs....mos. 2 ds.
(Signed) John H. Rehberger M. D.
Feb. 26, 1915 (Address) 1709 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, Feb 27, 1915

20-UNDERTAKER William Fiaskowski | ADDRESS 1611 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83052

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Fulton Yard, Laurens & Monroe sts. REGISTERED No. C 175

CITY OF BALTIMORE (No. Western Maryland Railway. St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson Harry Lippo,

(Residence in Baltimore: No. Non-resident. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, November (Month) 10th (Day), 1884. (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 3 mos. 15 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad
(b) General nature of industry, business, or establishment in which employed (or employer): brakeman,

9-BIRTHPLACE, (State or Country). Pennsylvania,

PARENTS.

10-NAME OF FATHER, John R. Lippo,

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania,

12-MAIDEN NAME OF MOTHER Martha E. Lynerd,

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud E. Lippo, wife,

(Address) Hanover, Pennsylvania.

15-Filed FEB 27 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

COHONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing of head and chest by the wheels of a railroad freight car. (Accident)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kempel, (Coroner.) M. D.

Feb. 26 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hanover, Penna.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hanover Pa.	Feb 28, 19 15

20-UNDERTAKER Jos. L. B. [illegible] ADDRESS 1003 W. Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83053

CERTIFICATE OF DEATH.

28 C83053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4034 Park Heights Avenue ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Duer Moores Merryman

(Residence in Baltimore: No. 4034 Park Heights Avenue St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, August (Month) 10 (Day), 1889 (Year)

7-AGE, 25 yrs. 6 mos. 15 ds.

If LESS than 1 day. ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Parkton Maryland

PARENTS.

10-NAME OF FATHER: Charles L. Moores

11-BIRTHPLACE OF FATHER (State or Country): Harford County

12-MAIDEN NAME OF MOTHER: Minnie Kerchner

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mr. Charles L. Moores
(Address): 4034 Park Heights Ave.

15- Filed FEB 27 1915, 191.. ROBERT . KRAUSS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to Feb 25 1915, that I saw her alive on Feb 25 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows: So far Unknown

(Duration) ... yrs. 1 mos. 19 ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edd Preidt Hanes M. D.

Feb 25 1915 (Address) 3633 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge cemetery

DATE OF BURIAL: Sat. Feb 27 1915

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83054 — 91 C83054

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1331 Sargent St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Dentinsky

(Residence in Baltimore: No. 1331 Sargent St. 51 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 30 (Month) (Day), 1856 (Year)

7 AGE: 58 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Blacksmith Helper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Dentinsky

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Dentinsky

(Address) 1331 Sargent St

15 Filed FEB 27 1915, M. ROBERT . KRAUTHER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 25 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1915, to Feb 25 1915, that I saw h[illegible] alive on Feb 24, 1915, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

..... (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Acute Pneumonia (Bronchial)

..... (Duration) ..... yrs. 1 mos. 10 ds.

(Signed) G. F. Dawson M. D.

2/26, 1915 (Address) 74 Cary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Feb 28, 1915

20 UNDERTAKER: Harry H. Nitzke ADDRESS: 1508 Ram[illegible]

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

083055

083055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home St.: 19 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda S. Wagner

(Residence in Baltimore: No. 1405 W Lexington St.; 9 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE W H

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

3-DATE OF BIRTH ..... (Month) ..... (Day) 1847 (Year)

7-AGE 88 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella J. Jones

(Address) Aged Women Home

FEB 27 1915 Filed ..... 191 .....

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 26, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 21, 191.., to Feb 26 191.., that I saw h.. alive on Feb 25 191.., and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Paralysis & Arteriosclerosis

(Duration) ..... yrs. mos. 1 ds.

(Signed) H. H. Norwood M. D.

Feb 26, 191.. [Address] 1334 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 7 yrs 8 mos ..... ds. In the State 9 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Leadsville Md

DATE OF BURIAL Feb 27, 191..

20-UNDERTAKER George J. Smith

ADDRESS 1334 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83056

40 C83056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 818 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Moody

(Residence in Baltimore: No. 818 McCulloh St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, ... yrs. 46 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, unknown.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Williams

(Address) 818 McCulloh St.

15- FEB 27 1915 REGISTRAR'S OFFICE

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24th 1915, to Feb 26th 1915, that I saw h[illegible] alive on Feb. 25th 1915, and that death occurred, on the date stated above, at 8a. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Pneumonia

Mucocopic Exam

(Duration) yr. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. T. M. Hawkins M. D.

Feb 26th 1915. (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 28, 1915.

20-UNDERTAKER Arnold J. Hemsley. — ADDRESS 578 W. Biddle St

N.B.—Every item of information should be entered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83057

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 C83057

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 923 Jordan Alley ST.; 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Frederiks

(Residence in Baltimore: No. 923 Jordan Alley St.; 60 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Col	Married

6 DATE OF BIRTH ? ? ? (Month) (Day) (Year)

7 AGE 68 yrs. mos. ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (State or country) ?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Fetrick Jr

(Address) 303 Rose St.

15. Filed FEB 27 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1901, to Feb 1915.

that I saw her alive on Feb 20 1915. (See Remarks)

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac valvular Insufficiency

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY) Rheumatism (Duration) 10 or more yrs. mos. ds.

(Signed) Wm B McDonald M. D.

2/26, 1915 (Address) 1309 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Laurel | DATE OF BURIAL Feb 27th, 1915

20 UNDERTAKER Robt A Elliott | ADDRESS 506 East St.

(over)

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83058

CERTIFICATE OF DEATH.

15 - 79

REGISTERED NO. C 83058

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N. Calhoun ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Richard K. Riggs

(Residence in Baltimore: No. 1336 N. Calhoun St.: 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 12th, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rebecca Riggs

(Address) 1336 N. Calhoun St

15- FEB 27 1915 HERBERT O. ARMS,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/16 1915, to 2/25 1915, that I saw her alive on 2/25 1915, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Ex Laparotomy + Tuberculosis

(Duration) yrs. mos. 5 ds.

(Signed) Burkett M. D.

2/26, 191.5 (Address) 1133 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lukes Cem Reisterstown — DATE OF BURIAL, Feb 28, 191.5

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83059 HEALTH DEPARTMENT—CITY OF BALTIMORE C83059

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Cook.

(Residence in Baltimore: No. 807 George St

St.; 40 yrs., ~ mos., ~ ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown ....., 1868
(Month) (Day) (Year)

7-AGE, ... 47 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hucksters .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos H Cook

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Gaines

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Cook

(Address) 807 George Street

15- FEB 27 1915 HARRY O. ANDREWS,
Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 26th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1915, to Feb 26th 1915, that I saw h alive on Feb 25th 1915, and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial
Nephritis & General
Arterio Sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis & Hypostasis
..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. D.

2-26 ....., 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 54 ds. In the State 47 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Boston

Former or usual residence 807 George St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 1st, 1915

20-UNDERTAKER George H. Holland — ADDRESS 577 Robert St.

(over)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83060

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83060

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton Washington

(Residence in Baltimore: No. 207 Augusta St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev D. G. Hill

(Address) 417 Monroe St

15 FEB 27 1915 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to Feb 26 1915, that I saw h— alive on Feb 24 1915, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Last two years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Debilitation from Heart Failure

week (Duration) yrs. mos. days.

(Signed) Helen Fisher M. D.

Feb 26 1915. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Conowingo Harford Co — DATE OF BURIAL, 2/27, 1915

20-UNDERTAKER Theodore White — ADDRESS 1702 Gough St

C83961

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83061

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C 5 10

CITY OF BALTIMORE: (No. 4341 Eden St.; 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Sales

(Residence in Baltimore: No. 4341 Eden St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November (Month) (Day) 1865 (Year)

7-AGE: 50 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): worked at home

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Benjamin Sales

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sophia Cumming

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): James Barnett

(Address): 423 N. Central Ave

15- Filed FEB 27 1915, 191 ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 26 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 — 1915, to, Feb 26 — 1915, that I saw h[illegible] alive on Feb 25 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) — yrs — mos. 14 ds.

Contributory (SECONDARY) Liver Pneumonia

(Duration) — yrs — mos. 5 ds.

(Signed) W. C. Harris M. D.

Feb 26 — 1915 [Address] 1416 Jefferson St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 3/1 191 5

20-UNDERTAKER: Theodore White

ADDRESS: 1702 Gough St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 610 Saratoga St. 4 WARD)

2-FULL NAME Mary Williams

(Residence in Baltimore: No. 610 Saratoga St

St.; yrs., mos. ds.)

91 C83062

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 30 (Day), 1914 (Year)

7-AGE, yrs. 8 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Williams

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Agnes Neal

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Williams

(Address) 610 Saratoga St

15- FEB 27 1915 HARRY O ANDERSON,

Filed ....., 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. B. Owens M. D.
(Coroner.)

Feb 26, 191.. (Address) 1132 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb 28th, 1915.

20-UNDERTAKER Felix B. Pye

ADDRESS 102 E Mulberry

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83063

CERTIFICATE OF DEATH.

17 83063

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Mason ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Carter

(Residence in Baltimore: No. 948 Mason St.; — yrs. ... mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 53 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER, unknown.

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Carter

(Address) 948 Mason St.

15-

Filed FEB 27 1915 191. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Feb 26 1915, that I saw h[illegible] alive on Feb 26 1915, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. 18 mos. ... ds.

CONTRIBUTORY (Secondary) General debility

(Duration) 2 yrs. ... mos. ... ds.

(Signed) J. Sprandel M. D.

Feb 27 1915 (Address) 234 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 1, 1915.

20-UNDERTAKER Samuel A. Hemsley ADDRESS 578 W Biddle St

C83064

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83064

1-PLACE OF DEATH

REGISTERED No. C 92

CITY OF BALTIMORE: (No. 2305 Donohue Ct ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia M. Dalefsky

(Residence in Baltimore: No. 2305 Donohue Ct St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 14th (Month) (Day), 1913 (Year)

7-AGE: yrs. mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md. Balto City

PARENTS

10-NAME OF FATHER: Frank Dalefsky

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: M Finnerty

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Dalefsky

(Address) 516 S Madeira

15- Filed FEB 27 1915 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 1915, to, Feb 27 1915; that I saw her alive on Feb 26 1915; and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) yrs mos. 3 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Charles Dyer M. D.

2/27/15, 191 [Address] 1408 E Pat Pk Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: Feb 27, 191 5

20-UNDERTAKER: John A Moran ADDRESS Bank & Ann Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

C83065

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83065

CERTIFICATE OF DEATH.

175

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Jeaths Hosp ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Gordon Wortman

(Residence in Baltimore: No. 1434 Hanford ave

St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 17th (Day), 1904 (Year)

7-AGE, 10 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harry Wortman

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Annie Murray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Wortman

(Address) 1434 Hanford Ave

15- FEB 27 1915 HARRY O. ANDREWS. Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Knocked down by an Automobile

(Duration) yrs. mos. ds.

(Signed) Elijah J Russell M. D. (Coroner.)

Feb 27th, 1915. (Address) 422 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 1, 1915
20-UNDERTAKER	ADDRESS
W. C. Weidefeld	914 Fremont Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83066

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 So Ellwood Ave St.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Prinz

(Residence in Baltimore: No. 423 So. Ellwood Ave St.; - yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 15, 1846 (Month) (Day) (Year)

7-AGE 68 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Koerner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Selma Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Prinz

(Address) 423 So Ellwood Ave

15- FEB 27 1915 Filed....., 191.....

BIRNEY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13th 1913, to Feb. 1915, that I saw her alive on Feb 24th 1915, and that death occurred, on the date stated above, at 1.17 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

† Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrosis of Liver

†Dropsy (Duration) 2 yrs. mos. ds.

(Signed) Adam B God M. D.

Feb 26th, 1915. (Address) 301 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Feb. 28, 1915.

20-UNDERTAKER William Cook

ADDRESS 602 E Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83067 HEALTH DEPARTMENT—CITY OF BALTIMORE C83067

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. R. R. Yards - Union Station ST.: 14 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Williams

(Residence in Baltimore: No. 1426 Druid Hill Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.): Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Frederick Md.

PARENTS.

10-NAME OF FATHER: Edward Williams

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Margaret —

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ruth Sims

(Address): 1426 Druid Hill Ave.

15- FEB 27 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) did that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture skull how caused unknown
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Thos H Chambers M. D.
(Coroner.)
Feb 27, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery
DATE OF BURIAL, March 1, 1915

20-UNDERTAKER Geo H Hooper
ADDRESS 609 Fitzhugh St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83068 41 C83068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hospital for Women 15 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ida Wesley

(Residence in Baltimore: No. 240 Chesapeake Wilbrook St.; 10 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White.	Single

6-DATE OF BIRTH, Sept. 21, (Month) (Day) 1872 (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 5 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory worker
(b) General nature of industry, business, or establishment in which employed (or employer): Labeling bottles

9-BIRTHPLACE, (State or Country), St Johns New Brunswick Canada.

PARENTS.

10-NAME OF FATHER, Charles F. Wesley

11-BIRTHPLACE OF FATHER (State or Country), St Johns Canada

12-MAIDEN NAME OF MOTHER Maria L Barker

13-BIRTHPLACE OF MOTHER (State or Country), Fredericton Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. R. Brant

(Address) Hospital for Women

15- FEB 27 1915 Filed....., 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 9 1914, to Feb. 27 1915, that I saw her alive on Feb. 27 1915, and that death occurred, on the date stated above, at 4-10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Colon

(Operation)

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) ..... yrs. 2 mos. — ds.

(Signed) W. H. Morris M. D.

Feb. 27., 1915. (Address) Women Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 240 Chelsea Ave

Former or usual residence 240 Chelsea Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Kensico N. Y	Mar. 2, 1915
20-UNDERTAKER	ADDRESS
H. M. Gaul & Co	901 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

2027 N. Pratt

C83069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83069

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 313 S. Gilmore ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Haupt

(Residence in Baltimore: No. 313 S. Gilmore St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED.~~ (Write the word.) er

6-DATE OF BIRTH, July 24, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 7 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Mathias Haupt

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Dora E. Stilling

(Address) 313 South Gilmore

15-

Filed FEB 27 1915, 191.....

HARRY O. ANDREWS, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26 ~~24~~, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Feb 26 1915, that I saw h[illegible] alive on Feb 25 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Howard Kelly M. D.

Mar 1, 1915 (Address) 2027 N. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 1, 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83070

CERTIFICATE OF DEATH.

48 C83070

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3161 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Meyer

(Residence in Baltimore: No. 3161 Stafford St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. April 15, 1830 (Month) (Day) (Year)

7-AGE. 84 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Unk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Willis

(Address) 3161 Stafford St

15-FEB 27 1915 MARY O. ANDREWS,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 27, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1915, to Feb 27 1915, that I saw her alive on Feb 26 1915, and that death occurred, on the date stated above, 12.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Osteo-Arthritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Feb. 27, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. 2/28, 1915

20-UNDERTAKER Lowe Cook

ADDRESS 837 E. Hoan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83071

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83071

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Central Ave 5 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hopkins

(Residence in Baltimore: No. 516 N Central ave St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 23 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Stewart

(Address) 1612 Williams St

15-FEB 27 1915 BAKER O ANDRES

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to Feb 26 1915, that I saw h— alive on Feb 24 1915, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Peritonitis

(Duration) yrs. mos. 10 ds.

(Signed) Edward Hopkins M. D.

Feb 26 1915. (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Albury M Cemetery	Feb 27, 1915
20-UNDERTAKER	ADDRESS
Chas G Bailey	773 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83072 C83072

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jackson

(Residence in Baltimore: No. 1911 Aisquith St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH. Unknown, 1881
(Month) (Day) (Year)

7-AGE. 34 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. janitor
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Morton Case

(Address) 1400 Mosher St

15- FEB 27 1915 HARRY O. ANDREWS

Filed ... 191... Registrar.

FEB 27 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Feb 25 1915, that I saw him alive on Feb 24 1915, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilitation

Mitral & Aortic Regurgitation

(Duration) ? yrs. ? mos. 17 ds.

CONTRIBUTORY (Secondary) Chron. Interstitial nephritis

(Duration) 3 yrs. ? mos. 17 ds.

(Signed) John L. Finney M. D.

2/25, 1915 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1911 Aisquith St

19-PLACE OF BURIAL OR REMOVAL. Mt Zion Cem

DATE OF BURIAL, Feb 27, 1915

20-UNDERTAKER Wm H. Case Son

ADDRESS 1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83073 — 91 — C83073

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hospital St.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Towles

(Residence in Baltimore: No. 3008 Westwood Ave, Walbrook St.; — yrs., — mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1915 (Year)

7-AGE, — yrs. — mos. 13 ds.

If LESS than 1 day, — hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm. G. Towles.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alberta Henderson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Phillips

(Address) 3008 Westwood Ave.

15- FEB 27 1915 Filed....., 191... HARRY O ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1915, to Feb. 27 1915, that I saw h in alive on Feb. 27 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) E. D. Plaas M. D.

Feb. 27, 1915 (Address) 1 H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 13 ds. In the State — yrs. — mos. 13 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3008 Westwood Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, March 1, 191 5

20-UNDERTAKER George J. Smith ADDRESS 1300 409 Etta St.

Spec.—8-24-14—M. & T.—2000 Blks.

C8307 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C8307 4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 E Lanvale ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Barbara Burmehl

(Residence in Baltimore: No. 1737 E Lanvale St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Sept. 14, 1874
(Month) (Day) (Year)

7-AGE, 40 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Hayd

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wurster

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. W. Burmehl

(Address) 1737 E Lanvale

15- FEB 27 1915 EMMA O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191[illegible], to Feb 26 1915, that I saw h[illegible] alive on Feb 26 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Asthenia Pulmonary
~~Cardiac~~ Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alfred Herman M. D.

Feb 26, 1915. (Address) 153 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feby. 28., 1915.

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1915	1916
Diseases of the Arteries	159	180
Cerebral Haemorrhage	650	702

1824
544
23 68

C83075 HEALTH DEPARTMENT—CITY OF BALTIMORE C83075

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 122 N East ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Haase

(Residence in Baltimore: No. 122 N East ave St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 11th, 1879.
(Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ferdinand Haase

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Alice Ash

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Haase

(Address) 122 N. East Ave

15- FEB 27 1915

Filed ....., 191.... HARRY C ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Elijah J Carroll M. D.
(Coroner.)

Feb 27, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt Carmel Cem	March 1 1915.
20-UNDERTAKER John Herwig & Co	ADDRESS 2058 Orleans

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state plainly name of disease, AGE should be carefully supplied. All information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83076

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83076

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Studzinski

(Residence in Baltimore: No. 2023 Gough St.; yrs., mos., ds.) (From how long?)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, April (Month) 18th (Day), 1906 (Year)

7-AGE, 8 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Karol Studzinski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Bronislawa Rybicka

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bronislawa Studzinski

(Address) 2023 Gough St.

15- FEB 28 1915 HARRY O. ANDERSON, Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture skull and cerebral hemorrhage result of being accidentally struck and run over by a motor truck

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Wm. M. Sarao (Coroner) M. D.

Feby 27, 1915. (Address) 179 W. Baltimore St.

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 W ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

accident: Gough, near Gusanwald St.

Former or usual residence? 2023 Gough St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb 28, 1915

20-UNDERTAKER William Fiacre & Bro

ADDRESS 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83077 94 C83077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 1528 Thames St.; 3 WARD) (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wojczynska

(Residence in Baltimore: No. 1528 Thames Str. St.; 15 yrs., 9 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Sing'l.

6-DATE OF BIRTH, May (Month) 1 (Day), 1899 (Year)

7-AGE, 15 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wawrzyn. Wojczynski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Laskowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wawrzyn. Wojczynski

(Address) 1530 Thames St.

15- FEB 28 1915 HARRY O. AMBERG, Burial Permit Clerk

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1915, to Feb 26 1915, that I saw her alive on , , 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Congestion of the Lungs

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dilatation of the Heart

(Duration) yrs. mos. 2 ds.

(Signed) A. G. Bredow M. D.

Feb. 27, 1915. (Address) 918 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, March 1, 1915

20-UNDERTAKER, William Frankowski — ADDRESS 1618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83078

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83078

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 S. Curley ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Mueller

(Residence in Baltimore: No. 1107 S. Curley St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Sept (Month) 22 (Day), 1845 (Year)

7-AGE, 66 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Mueller

(Address).....

15- Filed FEB. 28 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Feb 25 1915, that I saw him alive on Feb 25 1915, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) 10 yrs. ...mos. ...ds.

(Signed) H. H. Tatlow M. D.

Feb 27, 1915. (Address) 3035 Ordnell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery

DATE OF BURIAL, March 1, 1915

20-UNDERTAKER Lilly & Geller

ADDRESS 4038 Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83079

HEALTH DEPARTMENT--CITY OF BALTIMORE 16 C83079

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1927 W. Mulberry St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward B. Smith

(Residence in Baltimore: No. 1927 W. Mulberry St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH — (Month) — (Day) 1874 (Year)

7-AGE 40 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Sergt Police
(b) General nature of industry, business, or establishment in which employed (or employer) (Motor Cycle)

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Jno. Smith

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mary Flood

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry C. Schmidt

(Address) 1927 W. Mulberry St.

Filed FEB 28 1915, 191 — MARY O. ANDREW, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 26 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 11, 1915, to Feb 26 1915; that I saw h— alive on Feb 26, 1915; and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. — mos. 46 ds

Contributory (SECONDARY) Cold, Chronic Nephritis, Myocarditis, Mastoiditis.

(Duration) yrs. — mos. 46 ds.

(Signed) Theodore Gorter M.D.

Feb 28, 1915 (Address) 914 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL Mar 1, 1915

20-UNDERTAKER Jno. J. Fahey & Son | ADDRESS 1318 Light St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83080 HEALTH DEPARTMENT—CITY OF BALTIMORE C83080

CERTIFICATE OF DEATH. 66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Harford ave Extended St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ann Biddison

(Residence in Baltimore: No. 426 Harford ave Extended St.; -yrs., - mos. - ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: August (Month) 20th (Day), 1840 (Year)

7-AGE: 74 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): - - -

9-BIRTHPLACE, (State or Country): Anna Arundel Co Md

PARENTS.

10-NAME OF FATHER: Gideon McCauley

11-BIRTHPLACE OF FATHER (State or Country): A.A. Co Md

12-MAIDEN NAME OF MOTHER: Elizabeth Gardner

13-BIRTHPLACE OF MOTHER (State or Country): A.A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S Biddison

(Address) Gardenville Md

15- FEB 28 1915 BASIL O ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1915, to Feb. 27 1915, that I saw h[illegible] alive on Feb. 26 1915, and that death occurred, on the date stated above, at 3 55 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) - yrs. - mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) - yrs. - mos. - ds.

(Signed) H. G. Prentiss M. D.

Feb. 27 1915. (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Biddison Cemetery Gardenville Md

DATE OF BURIAL: March 1, 1915.

20-UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument

24

Spec.—8-24-14—M. & T.—2000 Bks.

C83081

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83081

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McGuigan

(Residence in Baltimore: No. Saratoga & Fremont St. St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... Feb 26 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, James McGuigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Guy Farrington

(Address) 206 Penn St.

15- FEB 28 1915 HARRY O. ANDREWS, Registrar.
Filed ....., 191.. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 5 1915, to Feby 26 1915, that I saw him alive on Feby 23 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

about 2
(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Poisoning 2 weeks
(Duration)..... yrs. mos. ds.

(Signed) J. W. Linton Clift M. D.
Feby 26 1915 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 21 ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Saratoga & Fremont St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mar. 1 1915

20-UNDERTAKER John A Horan

ADDRESS Bank & Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

C83082

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 C83082

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 N. Kenwood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lockstampfor

(Residence in Baltimore: No. 206 N. Kenwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 9th (Month), (Day), 1855 (Year)

7-AGE, 59 yrs. 9 mos. 18 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hax

(Address) 206 N. Kenwood Ave

15-FEB 28 1915

Filed....., 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febraury 27th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1914, to Feby 26 1915, that I saw h[er] alive on Feby 26th 1915, and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) Months

(Duration) yrs. 9 mos. 25 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Robt. B. Kelly M. D.

Feb'y 28th, 1915. (Address) 100 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetary	March 1, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2330 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. AFTY

Spec.—8-24-14—M. & T.—2000 Bks.

C83083

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83083

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Moreland Ave., St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Silverstein,

(Residence in Baltimore: No. 1821 Moreland Ave. St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married,

6-DATE OF BIRTH, Sept. (Month) 12th. (Day) 1867 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 5 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia,

PARENTS.

10-NAME OF FATHER, Julius Silverstein,

11-BIRTHPLACE OF FATHER (State or Country), Russia, "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Silverstein

(Address) 1821 Moreland Ave.

15- FEB 28 1915 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27th. (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1914, to Feb 26 1915, that I saw h in alive on Feb 26 1915, and that death occurred, on the date stated above, at 9A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ? yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arter-Sclerosis

(Duration) ? yrs. mos. ds.

(Signed) S. Nolanson M. D.

Feb. 27, 1915. (Address) 2406 Woodbine Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Har Sinai,	Mch. 1st 1915.
20-UNDERTAKER	ADDRESS
Harris Sondheim	1811 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83084

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83084

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1423 Mulberry ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C. Zimmisch

(Residence in Baltimore: No. 1423 Mulberry St.; ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Married

6-DATE OF BIRTH Nov 12, 1854 (Month) (Day) (Year)

7-AGE 60 yrs. 3 mos. 14 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Frederick Zimmisch

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary L. Green

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm A. Zueler

(Address) 1423 Mulberry

15. Filed FEB 28 1915, 191 ROBERT O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to Feb 26 1915, that I saw h-- alive on Feb 26, 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (SECONDARY) Chr. Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. Jeffers M. D.

Feb 28, 1915 (Address) 1423 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Mch 1, 1915
20-UNDERTAKER Henry V. Ellen	ADDRESS 1944 E. Monument

C83085

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C83085

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 453 Fondale ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flancen M. Pairo

(Residence in Baltimore: No. 453 Fondale St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Nov. (Month) 21 (Day), 1853 (Year)

7-AGE: 62 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick Md.

PARENTS

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Rose

(Address) 453 Fondall St.

15-
FEB 28 1915
Filed ....., 191.... DANIEL O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 25, 1915, to, Feby 25 1915, that I saw h.r. alive on Feby 25 1915, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis.

9 Hours (Duration) ....yrs ....mos. ....ds.

Contributory (SECONDARY)

1 C (Duration) ....yrs ....mos. ....ds.

(Signed) J. Edward Fonseck M. D.

Feby 26, 1915. [Address] 710 Eight St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill cem — DATE OF BURIAL: March 1, 1915

20-UNDERTAKER: Jm Cook — ADDRESS: 502 E North av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83086

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83086

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Found off Pier No 4 Pratt St St.: 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Skinnick

(Residence in Baltimore: No. 605 Waters St.; yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 11 (Day), 1866 (Year)

7-AGE, 48 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Fiedler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dottenreich

(Address)

15-
FEB 28 1915
Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide Drowned in C. of Harbor

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Thos. H. Saunders M. D. (Coroner.)

Feb 28, 1915. (Address) 18 N. Frankstown St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem.	Feb 28, 1915
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S Wolfe St

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83087 C83087

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N Central Ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Cummings

(Residence in Baltimore: No. 641 N. Central Ave ST.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ? ? 1841
(Month) (Day) (Year)

7-AGE 74 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster Planter

9-BIRTHPLACE, (State or Country), Eastern Shore, Md.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore, Md.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Don't Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Wilson

(Address) 1637 E. Madison St.

15- FEB 28 1915 HENRY O. ANDREWS, Special Permit Clerk
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 24-2-1915, to 27-2-1915, that I saw h in alive on 26th Feb. 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cyndreardetis

Several weeks
Duration (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cardiac Dystemia

Several days
(Duration) ....yrs....mos....ds.

(Signed) E. Crawford Bell M. D.

2-27-1915 (Address) 706 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 28th, 1915

20-UNDERTAKER Roff & Elliott — ADDRESS 506 East

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83088

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83088

1-PLACE OF DEATH — REGISTERED No. C 64

CITY OF BALTIMORE: (No. 1373 N. Carey ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Golden

(Residence in Baltimore: No. 1373 N. Carey St.; 19 yrs. mos. ds.)

Baltimore 3 yrs at 1373 N Carey

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 12 (Day), 1853 (Year)

7-AGE: 62 yrs. mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): Waiter

9-BIRTHPLACE (State or country): Savannah Ga.

PARENTS

10-NAME OF FATHER: Alfred Golden

11-BIRTHPLACE OF FATHER (State or country): Savannah Ga.

12-MAIDEN NAME OF MOTHER: Helen ——

13-BIRTHPLACE OF MOTHER (State or country): Savannah Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Golden

(Address) 1373 N. Carey St

15- FEB 28 1915 Filed ..... 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 21, 1915, to, February 25 1915, that I saw h— alive on February 25 1915, and that death occurred, on the date stated above, at 4.55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs mos. 4 ds.

Contributory (SECONDARY) Uremia Sclerosis

(Duration) yrs mos. ds.

(Signed) Wm. N. Wright M. D.

Feb 25 1915. [Address] 1209 Eastman St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 28th 1915

20-UNDERTAKER: Robt A Elliott — ADDRESS: 506 East St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83089

CERTIFICATE OF DEATH.

120

C83089

1-PLACE OF DEATH Johns Hopkins Hospital 22 REGISTERED NO. C.....

CITY OF BALTIMORE: (NO. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ray Abell

(Residence in Baltimore: No. 701 S. Charles Street St.; 29 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Suckind

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Libzy

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mildred Clark .....

(Address)... Johns Hopkins Hospital ....

15- FEB 28 1915 HARRY O. ARDREWS,
Filed....., 191.. Registration Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Feb 27 1915, that I saw her alive on Feb 27 1915, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with
hypertension
Myocardial
insufficiency
Uremia (Duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
Uremia (Duration) yrs. ..... mos. 10 ds.

(Signed) ..... Mildred Clark M. D.

Feb. 27, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 19 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 701 S. Charles St. Balto

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington D.C. DATE OF BURIAL, 2/28 191.5

20-UNDERTAKER Jack & Lurds ADDRESS 1419 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83090

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83090

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 655 W Conway ST.: 22 WARD)

2-FULL NAME Infant of Agnes & George Schelhouse

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 655 Conway St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 25 (Day) 1915 (Year)

7-AGE, Seven months Fortus yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, George Schelhouse

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Agnes Horan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Horan

(Address) 655 Conway

15-

Filed FEB 28 1915, 191.....

HARRY O. ANDREWS, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) D. P. Peters M. D.
(Coroner.)

Feb 27, 191... (Address) 1113 N Eutaw 120

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery | DATE OF BURIAL, Feb 28, 1915

20-UNDERTAKER Jas. Dignan & Son | ADDRESS 1000 S. Paca

C83091

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83091

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1214 Pennsylvania Ave ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret D Baker

(Residence in Baltimore: No. 1214 Pennsylvania ave St.; ... yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: June (Month) 7 (Day), 1914 (Year)

7-AGE: ... yrs. 8 mos. 21 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Bernard Baker

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lula Knolde

13-BIRTHPLACE OF MOTHER (State or country): West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Baker

(Address) 1214 Penna Ave

15- FEB 28 1915 HENRY O. ANDREWS, Burial Permit Clerk
Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1914, to Feby 28 1915, that I saw her alive on Feby 27 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 21 ds.

Contributory (SECONDARY) Whooping Cough 2 years

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. P. Coulter M. D.

Feby 28, 1915. [Address] 504 E Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	March 1 1915

20-UNDERTAKER	ADDRESS
Martin Brake & Son	606 Fayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83092

CERTIFICATE OF DEATH.

104 C83092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Robins

(Residence in Baltimore: No. 746 Reservoir St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
male	white	single

6-DATE OF BIRTH, Feb 21, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
....yrs....mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harrison Robins Jr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ethel L Rhoads

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Freeman

(Address) Univ. Hospital

15- FEB 28 1915 HARRY O. ANDREWS,
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Feb 28 1915; that I saw him alive on Feb 28 1915; and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Acute gastric enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. Freeman M. D.

, 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death? Univ Hospital

Former or usual residence 746 Reservoir St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, March 1, 1915

20-UNDERTAKER George J. Smith ADDRESS 1080 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83093

C83093

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Scharf

(Residence in Baltimore: No. 2915 Hudson St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1915 (Year)

7-AGE, yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, George Scharf

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Francis A. Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Scharf

(Address) 2915 Hudson St

15-

Filed FEB 28 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to Feb 27 1915, that I saw him alive on Feb 27 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. B. Tilton M. D.

Feb 27, 1915. (Address) 3131 Monument E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemty

DATE OF BURIAL, March 1 1915

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83094 HEALTH DEPARTMENT---CITY OF BALTIMORE 154 C83094

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1019 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Huebner

(Residence in Baltimore: No. 1019 Warner St St.; 78 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Feb (Month) 5 (Day) 1837 (Year)

7-AGE: 78 yrs. mos. 20 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Piano Factory

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Anton Huebner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Saguar

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pauline Huebner

(Address) 1019 Warner St

15- FEB 28 1915 Filed ..... 191 .....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9, 1915, to, Feb 25 1915, that I saw him alive on Feb 25 1915, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration) yrs 1 mos 14 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed), Edward [illegible] M. D.

Feb 27 1915 [Address] 517 Scott St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	March 1, 1915
20-UNDERTAKER	ADDRESS 1039
E. Schumann & Son	Hanover St

state CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certifica

AGE should be stated EXACTLY. PHYSICIANS should ay be properly classified. Exact statement of OCCUPA- rtificate.

C83095 C83095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1001 Light St St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Isabella Owens

(Residence in Baltimore: No. 1001 Light St St.5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH. June (Month) 21 (Day), 1844 (Year)

7-AGE, 70 yrs. 8 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, William Miller

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Alice Makepiece

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanley Barns

(Address) 1001 Light St

15- Filed FEB 28 1915, 191. HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Duration a Months (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. Sudden mos. ds.

(Signed) Edw Gorsuch (Coroner.) M. D.

Feb 27, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Connecticut Ave — DATE OF BURIAL, March, 1915

20-UNDERTAKER E Schuerman & Son — ADDRESS 1037 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—H. & T.—606 Blks.

C83096

HEALTH DEPARTMENT—CITY OF BALTIMORE

87 C83096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 55 E. Heath ST.: 23 WARD) REGISTERED No. C

2-FULL NAME Leonard Hoffman

(Residence in Baltimore: No. 55 E Heath St.: 18 yrs., 8 mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 16, 1896 (Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, George Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER Martha Benton

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hoffman

(Address) 55 E Heath St.

15- DEPUTY REGISTRAR,

Filed FEB 28 1915, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1915, to Feb 27 1915, that I saw h[im] alive on Feb 24 1915, and that death occurred, on the date stated above, at 5 10 m.

The CAUSE OF DEATH* was as follows:

Edema of the Glottis

Acute Laryngitis

(Duration) ....yrs. ....mos. 1 d. ....ds.

CONTRIBUTORY (Secondary) Edema of the Glottis?

(Duration) ....yrs. ....mos. 15 mins. ....ds.

(Signed) Thos Birdsall Jr M. D.

Feb 27, 1915 (Address) 336 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, March 1, 1915

20-UNDERTAKER P & M. J. Flynn

ADDRESS 1422 Light St.

Be sure to DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

683097 HEALTH DEPARTMENT--CITY OF BALTIMORE 40 683097

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 843 N. Mount ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Jr. A Buschmann

(Residence in Baltimore: No. 843 N. Mount St.: 58 yrs. 1 mos. 27 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: January 1 (Month) (Day), 1857 (Year)

7-AGE: 58 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Warden
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Clement Buschmann

11-BIRTHPLACE OF FATHER (State or country): Holland

12-MAIDEN NAME OF MOTHER: Mary Doris

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgia Buschman

(Address) 843 N Mount St

15. Filed MAR - 1 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1914, to, Feb. 27, 1915, that I saw him alive on Feb. 27, 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
Clinical Diagnosis

(Duration) ..... yrs. 1 mos. 20 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. Eblaugh M. D.

Feb 28, 1915 (Address) 740 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 2, 1915

20-UNDERTAKER: Wm A Rohde & Son — ADDRESS: 732 Pa Ave

C83098

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C83098

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 606 W. Lombard ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Gedraytes

(Residence in Baltimore: No. 606 W. Lombard St St.; yrs. mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 2 (Day), 1915 (Year)

7-AGE: ... yrs. ... mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Vincent Gedgitis

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mary Blumnite

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vincent Gedgitis

(Address) 606 W. Lombard St.

15- Filed MAR - 1 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 191..., to, Feb 27, 191..., that I saw h.. alive on Feb 26 191..., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro - Spinitis

(Duration) ... yrs. ... mos. 10 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry Boyd M. D.

Feb 28 191... [Address] 603 Lombard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 1, 1915

20-UNDERTAKER: John Gallinger — ADDRESS: 501 S. Paca St

Rate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

Spec.—5-19-13—M. & T.—500 Bks.

C83099

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83099

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 Carroll ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew A Johnson

(Residence in Baltimore: No. 1157 Carroll St.; 4 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, July 29, 1910 (Month) (Day) (Year)

7-AGE, 4 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Andrew A Johnson.

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Carrie Brandt.

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew A Johnson

(Address) 1157 Carroll St

15-

Filed MAR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 23 1915, to Feb 26 1915, that I saw him alive on Feb 25 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carbuncle Asthenia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 7 ds.

(Signed) John G Schwarzenbach M. D.

Feb 26 1915 (Address) 117 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, 3 1st, 1915

20-UNDERTAKER Henry S Brauning Son — ADDRESS 517 N Schroeder St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83100

CERTIFICATE OF DEATH.

15 C83100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Bolton ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Fisher

(Residence in Baltimore: No. 1416 Bolton St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) widowed

6-DATE OF BIRTH, December 16th, 1819.
(Month) (Day) (Year)

7-AGE, 95 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harmanus Boggs

11-BIRTHPLACE OF FATHER (State or Country) Lancaster Co. Penn

12-MAIDEN NAME OF MOTHER Margaret Parks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Fisher

(Address) 1416 Dalton St Baltimore

15- Filed MAR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 27th 1915, to Feby 28th 1915, that I saw h.. alive on Feby 27th 1915, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

..... Arteriosclerosis Degeneration of
..... Senility
..... (Duration—Acute) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) H. H. Biedler M. D.

Feb 28th 1915. (Address) 119 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 3—2—, 1915.

20-UNDERTAKER H. W. Jenkins & Sons Co

ADDRESS Orchard Mc Cullon Sts

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83101

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83101

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Leadenhall ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Smith

(Residence in Baltimore: No. 809 Leadenhall St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ..., 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samil Smith

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Georgianna —

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Smith

(Address) 809 Leadenhall St

15-

MAR - 1 1915

Filed ....., 191.... ROBERT . KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 26 1915, that I saw him alive on Feb 25 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis (Acute Stomach)

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1 yrs. 6 mos. ds.

(Signed) Chas. H. Thorn M. D.

Feb 2, 1915. (Address) 712 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, March 1, 1915

20-UNDERTAKER Jas Adams ADDRESS 142 Hull St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83102

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

C83102

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1218 Bolton St. 11 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lloyd Marcy McDonnell

(Residence in Baltimore: No. 1218 Bolton St.: 27 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH July 10, 1887
(Month) (Day) (Year)

7 AGE 27 yrs. 7 mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): Street car

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Marcy Richard McDonnell

11 BIRTHPLACE OF FATHER (State or country): Annapolis, Md

12 MAIDEN NAME OF MOTHER: Victoria March

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Marcy R. McDonnell

(Address) 1218 Bolton St

15 Filed MAR - 1 1915, 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feby 26, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1914, to Feby 26 1915, that I saw him alive on Feby 25, 1915, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endo (and myo-) carditis with later Embolism (brachial).

(Duration) ..... yrs. 4 mos. 6 ds

Contributory (SECONDARY) Acute parenchymatous Nephritis

(Duration) ..... yrs. 1 mos. 19 ds.

(Signed), Geo. T. Kemp M. D.

Feby 27, 1915. (Address) 8 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem | DATE OF BURIAL: Mar. 3, 1915

20 UNDERTAKER: Jos. B. Cook | ADDRESS: 103 N. Gilmor St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85103 HEALTH DEPARTMENT--CITY OF BALTIMORE C85103

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 79

CITY OF BALTIMORE (No. 3318 Edmondson Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sophia M. Sauer

(Residence in Baltimore: No. 3318 Edmondson Ave St.; 64 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Jan. (Month) 10 (Day), 1848 (Year)

7 AGE: 67 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Hessencastle, Germany

PARENTS

10 NAME OF FATHER: Henry Wagner

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Christina Kerschner

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. C. Sauer

(Address) 1136 Forest St

15 FILED MAR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1915, to Feb 28th 1915, that I saw h ss alive on Feb 27th, 1915, and that death occurred, on the date stated above, at 5.25 a m.

The CAUSE OF DEATH* was as follows:

Dilatation of the heart with Valvular (Tricuspid) insufficiency.

(Duration) yrs. 8 mos. ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) 1 yrs. mos. 3 ds.

(Signed) Edw. J. Brummer M. D.

Feb 28, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Mch 3, 1915

20 UNDERTAKER: Jos Block

ADDRESS: 1003 W Baltimore

C83104

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Arlington St.; 5 WARD) 120 Registered No. C.....

2-FULL NAME Thos W Stone

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1123 Arlington St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1848 (Year)

7-AGE: 67 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Dust Dresser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ohio

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sarah Stone

(Address) 1123 Arlington St

15- Filed MAR - 1 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1915, to, Feb 27th 1915, that I saw h[illegible] alive on Feb 27th 1915, and that death occurred, on the date stated above, at 8.25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Egbert A Mortimer M. D.

March 1st 1915. [Address] 5201 N Fulton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Mar. 1st, 191..

20-UNDERTAKER: Jacob B Cook

ADDRESS: 1003 W. Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83105 126 C83105

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sqre 2418, ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hutcheson

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

Staunton Va.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Deputy Sheriff
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Augusta Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Augusta Co Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J H Powell

(Address) Staunton, Va

15- MAR - 1 1915 ROBERT , KRAUTER, Filed....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1915, to March 1 1915, that I saw h-im alive on March 1 1915, and that death occurred, on the date stated above, at 8:45 a m.

The CAUSE OF DEATH* was as follows:

Prostatic abscess

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Febrium Tremens

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Geo. H. Lucas M. D.

March 1, 1915. (Address) Franklin Sqre 2418

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence Staunton Va.

19-PLACE OF BURIAL, OR REMOVAL, Staunton Va. DATE OF BURIAL, Mar 3, 1915

20-UNDERTAKER Jack Book ADDRESS 1003 W Balto

Please write with pen and ink. This certificate will not be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85106 — CERTIFICATE OF DEATH. — 40 C85106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. High ST. 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Cohen

(Residence in Baltimore: No. 204 S. High St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 30 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Max Glides

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Goldie Glides

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Cohen

(Address) 207 S. High St.

15- ROBERT . KRAUTER,

Filed MAR 1 1915 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/27 1915, to 2.27 1915, that I saw h[illegible] alive on 2.27 1915, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No Special

Mucous Colitis Exam.

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. E. Hayden M. D.

March 1, 1915. (Address) 116 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 204 S. High St

19-PLACE OF BURIAL OR REMOVAL: New Rosedale — DATE OF BURIAL, Mar 1, 191...

20-UNDERTAKER: A. Levinson & Bro. — ADDRESS 1072 Balto St.

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83107 — 92 C83107

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Halpin

(Residence in Baltimore: No. St Josephs Hospital St.; 60 yrs., mos. ds.)

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 5, 1841 (Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Halpin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Quigley

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr Rokop

(Address) St Josephs Hospital

15- Filed MAR - 1 1915, 191.....

ROBERT P. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1915, to Feb 28 1915, that I saw her alive on Feb 27 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs....mos....ds.

(Signed) Wm O. Gratz M. D.

M. 2. 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? at St Jos Hosp

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery

DATE OF BURIAL, March 2, 1915

20-UNDERTAKER H. C. Friedfeld

ADDRESS 9 E Fayette St

C83108

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C83108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Cedar Avenue St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christiana Hoffman

(Residence in Baltimore: No. 3130 Cedar Avenue St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Widowed

6-DATE OF BIRTH November (Month), (Day) 1850 (Year)

7-AGE 64 yrs 3 mos ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER: Philip Hoover

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry C. Hoffman

(Address) 3130 Cedar Avenue

15- MAR - 1 1915 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 2 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec., 1914, to, Feb. 26 1915, that I saw h.er alive on Feb 26 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis &
Cerebral Arteriosclerosis

(Duration) 3 yrs mos ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs mos 3 ds.

(Signed), Wm Smith M. D.

Feb 28, 1915 [Address]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Cemetery

DATE OF BURIAL: March 1, 1915

20-UNDERTAKER: A.S. Marshall 3539 Falls Road.

ADDRESS

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83109 HEALTH DEPARTMENT—CITY OF BALTIMORE C83109

CERTIFICATE OF DEATH. x 172

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan B. Mister

(Residence in Baltimore: No. 3411 E Fairmount ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... Dec. (Month) 27 (Day) 1861 (Year)

7-AGE, 53 yrs. 6 mon. 3 ds. If LESS than 1 day, ...brs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise Pudey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur J. Mister

(Address) 246 South East Avenue

15- ROBERT J. KRAUTER, Burial Permit Clerk

Filed MAR - 1 1915 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) falling down Stairway at her home (Duration).....yrs.....mos.....ds.

(Signed) Elijah A. Russell M. D. (Coroner.)

Feb 27th, 1915 (Address) 413 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 344 E. Fairmount Ave

19-PLACE OF BURIAL, OR REMOVAL, Int Carmel Cem. DATE OF BURIAL, March 2, 1915.

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C83110

HEALTH DEPARTMENT—CITY OF BALTIMORE

623 Columbia ave

64 Dec 83110

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 White ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dittman

(Residence in Baltimore: No. 1910 White St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 12, 1873 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 9 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, August Dorrier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Matilda Osterle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Dorrier

(Address) 1910 White st

15- MAR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1915, to Feb. 28 1915, that I saw h[er] alive on Feb 26 1915, and that death occurred, on the date stated above, at 9:50 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. M. Driverett M. D.

Mar 1, 1915. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hancock md	3/3, 1915
20-UNDERTAKER	ADDRESS
William Cook	624 North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83111

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83111

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1605 Clayton Court ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Robertson

(Residence in Baltimore: No. 1605 Clayton Court St. 1 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 30 (Day), 1859 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 7 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Bern

(Address) Hanover Md

15- Filed, MAR 1 1915 191.... Robert . Krauter Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) / (Duration) ....yrs....mos....ds.

(Signed) ..... (Coroner.) M. D.

March 1, 1915 (Address) 817 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	March 1, 1915
UNDERTAKER	ADDRESS
Wm L Evans & Sons	1428 N Charles

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83112

CERTIFICATE OF DEATH

92 C83112

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. W. S. Marine Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam H. Cheatham

(Residence in Baltimore: No. W. S. Marine Hospital St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: colord

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ... (Month) ... (Day) 1896 (Year)

7-AGE: 19 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): D.C.

PARENTS

10-NAME OF FATHER: Henry Cheatham

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): From Hospital record
(Address): H. R. Carter M. D.

15- Filed MAR - 1 1915 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1915, to, Feb. 28, 1915, that I saw him alive on Feb. 28 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration) ... yrs ... mos. 7 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed), H. R. Carter M. D.

Feb 28 1915 [Address] W. S. Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL: Woodberry Cemetery — DATE OF BURIAL: Mch 1 1915

UNDERTAKER: H. Eichhorst — ADDRESS: 1938 Broadway

R. S. 2nd. Copy of this certificate must be filled out in duplicate, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83113 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83113

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 Mc Henry St ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V Lookingland

(Residence in Baltimore: No. 751 Mc Henry St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH: Feb (Month) 14 (Day), 1855 (Year)

7-AGE: 60 yrs. mos. 9 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John W Windell

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Catherine Bennett

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas F Wasmus

(Address) 217 N Fulton Ave

15- Filed MAR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24, 1915, to, Feb 27 1915, that I saw her alive on Feb 27 1915, and that death occurred, on the date stated above, at 5-10 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed), Edw [illegible] M. D.

March 1, 1915 [Address] 517 Scott St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar 2 1915

20-UNDERTAKER: Geo W Little — ADDRESS: 531 W Fremont Ave

U. S. — Every cause of death must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83114

CERTIFICATE OF DEATH.

61 C83114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Abbott ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J Duff

(Residence in Baltimore: No. 1630 Abbott St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, March 11, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Duff

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Annie Mc Kenna

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Duff

(Address) 1630 Abbott St.

15- ROBERT J. KRAUTER
Filed MAR - 1 1915 191.... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1915, to Feb 27 1915, that I saw h.im alive on Feb 27 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Geo. F. Taylor M. D.

2-28, 1915. (Address) 1254 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Mar 1st, 1915.

20-UNDERTAKER Robert J Turner

ADDRESS 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83115 119 C83115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo F. Carroll,

(Residence in Baltimore: No. 1704 Barnes St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) ..... (Day), 1897. (Year)

7-AGE, 17 yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broommaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Denver, Colorado.

PARENTS.

10-NAME OF FATHER, John Carroll

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary F Caffrey

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robt C Dudley

(Address) 2209 E Biddle St

15- Filed MAR - 1 1915, 191.. ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 21 1915, to Feby 27 1915, that I saw him alive on Feby 27 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Uremic Poisoning

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. W. Vinton Clk M. D.

Feby 27, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1704 Barnes St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Mar. 3rd, 1915.

20-UNDERTAKER Robert J Turner

ADDRESS 1442 4 Bdway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Part Statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83116

CERTIFICATE OF DEATH.

92 C83116

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.) 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas M Wheeler.

(Residence if Baltimore: No. 13 N. Duncan St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Jan (Month) 17 (Day), 1847 (Year)

7-AGE, 68 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Packer & Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas M. Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rebecca Lynch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Wheeler

(Address) 13 N. Duncan St.

Filed MAR - 1 1915, 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 19 1915, to March 1 1915, that I saw h imalive on Feby 28 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary) Myocarditis & Arteriosclerosis (Duration) 2 yrs. ... mos. ... ds.

(Signed) J. H. Winston Clift M. D.

March 1, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 13 N. Duncan St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetary	Mar. 4. 15, 191...
20-UNDERTAKER	ADDRESS
Christian Miller	2330 Jefferson st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83117

CERTIFICATE OF DEATH.

64 C83117

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hos ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Watts

(Residence in Baltimore: No. 416 Front Hill ave. St.; ..... yrs. ..... mos. ..... dys.) Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1863 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Nicholas Gross

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Watts

(Address) 416 Front Hill Ave

15-Filed MAR - 1 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 20 1915, to Feb. 26 1915, that I saw her alive on Feb. 26 1915, and that death occurred, on the date stated above, at 8:15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Evans M. D.

Feb. 26 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 416 Front Hill ave.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, MAR 1 1915

20-UNDERTAKER Geo D Gerber ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Use nomenclature of DISEASES (not of OCCUPATIONS) only). Important. See instructions on back of certificate.

U.S. AFRICA ODAK

Spec.—8-14-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83118

CERTIFICATE OF DEATH.

151 C83118

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 N. Collington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Clark

(Residence in Baltimore: No. 1917 N. Collington St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	W	sngl

6-DATE OF BIRTH ..... Feb. (Month) ..... 24 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
2 days ..... yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... —
(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Walter Clark

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C

12-MAIDEN NAME OF MOTHER Stella Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed MAR - 1 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) ..... 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1915, to Feb. 26 1915, that I saw her alive on Feb. 25 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Prematurity.

..... 7 months fetus.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... C. D. T. Vass M. D.

Feb. 26 1915. (Address) ..... J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[illegible] HOSPITALS HOSPITAL	2-27, 1915
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact locality of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83119

CERTIFICATE OF DEATH.

151

C83119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Landsland

(Residence in Baltimore: No. John Hopkins Hospital St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. 14, 1915
(Month) (Day) (Year)

7-AGE, ——yrs. ——mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Charlie Washington

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nina Landsland

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR - 1 1915 ROBERT . KRAUTER Registrar

Filed....., 191... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1915, to Feb. 28 1915, that I saw h[illegible] alive on Feb. 28, 1915, and that death occurred, on the date stated above, at 4.15A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) —yrs. —mos. 3 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) —yrs. —mos. —ds.

(Signed) C. S. Plass M. D.

Feb 28, 1915. (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. 14 ds. In the State —yrs. —mos. 14 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, 2-28, 191.5

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83120

HEALTH DEPARTMENT--CITY OF BALTIMORE, 28

CERTIFICATE OF DEATH

C83120

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 612 Sarah Ann ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samual Brown

(Residence in Baltimore: No. 612 Sarah Ann St.: 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb. 15, 1900 (Month) (Day) (Year)

7 AGE: 15 yrs. — mos. 12 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Johnson Brown

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Warner

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Johnson Brown

(Address) 612 Sarah Ann St.

15 Filed MAR - 1 1915 ROBERT . KRAUER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 26, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18th, 1915, to Feb 26 1915; that I saw him alive on Feb 26, 1915; and that death occurred, on the date stated above, at 10 P.M.
The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) yrs. 6 mos. 10 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) Frank W Gunn M. D.

Feb 27, 1915 (Address) 322 N Gaye St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Mar. 1st, 1915

20 UNDERTAKER: Geo H Holland ADDRESS: 517 Robert st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83121 — 64 C83121

PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 417 Somerset St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ormulia Hanson

(Residence in Baltimore: No. 417 Somerset St. 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: November, 1 (Month) (Day) (Year)

7-AGE: 65 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Geo Doyle

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pomena Wilson

(Address) 417 Somerset St

15. Filed MAR - 1 1915 19... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 191.. to Feb 26 191.., that I saw h.. alive on Feb 26, 191.., and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 24 hours yrs. mos. ds

Contributory (SECONDARY) Cold & Senility

(Duration) yrs. mos. ds.

(Signed) J. F. Heard M. D.

..., 191.. (Address) 203 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: March 2, 1915

20-UNDERTAKER: Robert A. E. Elliott — ADDRESS: 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 C83122

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Henry J. Bauman

(Residence in Baltimore: No. 244 S. East Ave. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May (Month) 28 (Day), 1883 (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): United R. & E. Co.

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Henry J. Bauman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER, May Fischer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Kistner

(Address) 1104 E. Washington St.

15- MAR - 1 1915 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident. Squeezed between wheel guard of elevated R. & ground.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Thos. H. Saunders M. D. (Coroner.)

Feb. 26 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 2, 1915

20-UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe

083123

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 083123

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 E Bank ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary A Murphy

Residence in Baltimore: No. 2120 E Bank St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH Feb. 27 1858 (Month) (Day) (Year)

7-AGE 57 yrs - mos - ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housemaker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER John T. Murphy.

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Welsh

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Murphy

(Address) 1922 Bank St

15 MAR - 1 1915 Filed 191

ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 27 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Feb 27 1915 that I saw h.. alive on Feb 26 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory

(Duration) yrs mos 9 ds.

Contributory (SECONDARY) Broken Compensation

(Duration) yrs mos 1 ds.

(Signed) Roy Slade M. D.

Mar 1 1915 [Address] 1922 Bank St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cem

DATE OF BURIAL Mar 2 1915

20-UNDERTAKER Lilly & Faber

ADDRESS 410 S Wolfe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83124

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 91

C83124

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Joseph Hisley

(Residence ~~in Baltimore:~~ No. Raleigh N. C. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Unknown Sept 22 (Month) (Day) 1859 (Year)

7-AGE: 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE (State or country): Raleigh North Carolina

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Hisley

(Address) Raleigh N C.

15- Filed MAR - 1 1915 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 28 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 3, 1915, to, February 28 1915, that I saw him alive on February 28 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(Duration) 0 yrs 8 mos. ..... ds.

Contributory (SECONDARY) Exhaustion - Broncho Pneumonia

(Duration) 0 yrs 0 mos. 10 ds.

(Signed), Nathaniel H. Brush M. D.

Feb 28, 1915 [Address] Johns Hopkins Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 0 yrs 0 mos 25 ds. In the State 0 yrs 0 mos 54 ds. 41

Where was disease contracted, if not at place of death? At home

Former or usual residence: Raleigh North Carolina.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Raleigh N C.	Mar 1 1915
20-UNDERTAKER	ADDRESS
Gilbert & Tuller	221 N Broadway

R. S. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83125 HEALTH DEPARTMENT—CITY OF BALTIMORE C83125

CERTIFICATE OF DEATH. × 84

1-PLACE OF DEATH REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Holcomb

(Residence in Baltimore: No. 29 W. Pulaski St. Germantown St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 10, (Day) 1865 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Henry L. DeZing

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Olivia Peyton

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. K. Brown

(Address) J. H. Hosp.

15- Filed MAR - 1 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to March 1 1915, that I saw her alive on March 1 1915, and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

.....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

Apoplexy (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) George B. Dunn M. D.

Mar 1, 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. 20 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 29 W Pulaski St Germantown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Castle Del	Mar. 1, 1915
20-UNDERTAKER	ADDRESS
Allen & Fuller	221 N Broadway

CAUSE OF DEATH. In plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Eks.

C83126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83126

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Charles ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaiah Christian

(Residence in Baltimore: No. 506 S. Charles. St.: 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day) 1868 (Year)

7-AGE, 46 yrs. 7 mos. 23 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Christian

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Julia Sayler

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Christian

(Address) 506 S Charles

15- MAR - 1 1915 Filed..... 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct, 15, 1914, to Feb, 27, 1915, that I saw him alive on Feb - 27, 1915, and that death occurred, on the date stated above, at 10.P. m.

The CAUSE OF DEATH* was as follows:

..... mitral Endocarditis

.....

.....

..... (Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) two definite causes in this case

..... (Duration) yrs. mos. ds.

(Signed) D. S. Gaudens M. D.

Feb. 28, 1915 (Address) 1717 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Southern Dept Richmond Va

DATE OF BURIAL, Mar. 1., 1915

20-UNDERTAKER Hilbert Brown

ADDRESS 414 N. Mount St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each answer is important. See instructions on back of certificate.

C83127

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

C83127

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1612 Presstman street, ST. 15 WARD)

2-FULL NAME Alpheus Coles,

(Residence in Baltimore: No. 1612 Presstman street, St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ... March ..... ? ..... ? ....., 1? ? .
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 ? yrs. ? mos. ? ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman coal mines
(b) General nature of industry, business, or establishment in which employed (or employer)..... retired 25 yrs.

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Healy Coles,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Abby Branch,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Coles, wife,

(Address) 1612 Presstman street.

15- Filed MAR 1 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Frederick Kempel, M. D.
(Coroner.)

Feb. 28, 191 5. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 2, 1915

20-UNDERTAKER	ADDRESS
James H Dunn	1338 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83128 HEALTH DEPARTMENT—CITY OF BALTIMORE C83128

CERTIFICATE OF DEATH.

REGISTERED No. C 679

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 24 N Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Nagangast

(Residence in Baltimore: No. 124 N Castle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 15th (Day), 1842 (Year)

7-AGE, 73 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Nat Gronk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nat Groner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nagangast

(Address) 124 N Castle Street

15- MAR 1 - 1915 Filed....., 191.... EARL O. ANDREWS, Clerk. Earl T. Perrott Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Elijah L Russell M. D. (Coroner.)

March 1st, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	March 4, 1915
20-UNDERTAKER	ADDRESS
Wendell Dippel	327 S Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83129

C83129

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1226 N. Caroline Street. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Jenness

(Residence in Baltimore: No. 1226 N. Caroline Street. St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Married

6-DATE OF BIRTH, March (Month) 10th. (Day), 1850. (Year)

7-AGE, 64 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance Business
(b) General nature of industry, business, or establishment in which employed (or employer)..... ----------

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John A. Jenness.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary A. Hutton.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Mrs. W. C. Jenness.....

(Address).....1226 N. Caroline St.....

15- MAR 1 - 1915 HARRY O ANDREWS, Filed....., 191..... Burial Permit Clerk...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 25th., (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 19, 1915, to Feby 25, 1915, that I saw him alive on " " 1915, and that death occurred, on the date stated above, at 2.20 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)...yrs...mos.5...ds.

CONTRIBUTORY (Secondary) Fever

(Duration)...yrs...mos.5...ds.

(Signed) Geo. A. Hartman M. D.

Feb. 25, 1915 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, March 2, 1915

20-UNDERTAKER Stewart & Mowen Company ADDRESS 108 W. North Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C83130

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Morris

(Residence in Baltimore: No. 2235 Jefferson St St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) (Day) 1846 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 7 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Mkr.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, John Charles

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Morris

(Address) 2235 Jefferson St.

15-

Filed MAR 1 - 1915, 191... HARRY O. ANDREWS, Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 191 5, to Feb 27 191 5, that I saw h[illegible] alive on Feb 27 191 5, and that death occurred, on the date stated above, at 7 45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. hrs. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Alma B Seaman M. D.

Mch 1, 1915. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In this State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS 715 Light

MAR 3 1915

LAUDER FARR

ARMSTRONG-DENNY CO.

C83131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 C83131

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md. Hosp ST.: 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lomax Jo Marlburn

(Residence in Baltimore: No. 502 W Cross St.; 39 yrs., 8 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, May (Month) 18 (Day), 1875 (Year)

7-AGE, 39 yrs. 8 mos. 9 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.
10-NAME OF FATHER, Michael Brown
11-BIRTHPLACE OF FATHER (State or Country), Baltimore
12-MAIDEN NAME OF MOTHER Rebecca Brashers
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Marlburn
(Address) 502 W Cross

15-
Filed MAR 1 - 1915, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carbolic acid Poisoning (Suicide)
(Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) J. C. Peters M. D.
(Coroner)
March 3, 1915. (Address) 1713 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos. 1 ds. In the State 39 yrs....mos....ds.
Where was disease contracted, if not at place of death? 502 W Cross St
Former or usual residence 502 W Cross St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, March 3, 1915

20-UNDERTAKER R. & M. L. Flynn — ADDRESS 1422 Light St

N.B.—Every question should be carefully answered. AGE should be stated EXACTLY. ABBREVIATIONS should not be used. CAUSE OF DEATH should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83132

CERTIFICATE OF DEATH.

91 C83132

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Gorsuch ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gouverneur Hyatt

(Residence in Baltimore: No. 702 Gorsuch ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Nov 13, 1838 (Month) (Day) (Year)

7-AGE. 76 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, James H. Hyatt

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Eliza - —

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gouverneur Hyatt Jr

(Address) 702 Gorsuch Ave

15- Filed MAR 1 - 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 27, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 23 1915, to Feby 27 1915, that I saw him alive on Feby 27 1915, and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows: (1120)

Pneumonia (Broncho)

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis (Chronic)

(Duration) 2 yrs. ...mos. ...ds.

(Signed) Harry Lyman Mettle M. D.

Feby 28, 1915. (Address) 5 East Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy. DATE OF BURIAL, Mch 2, 1915

20-UNDERTAKER Ellis Mitchell ADDRESS 821 W. Fayette St.

Keep this certificate clean, and write plainly. Every item important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83133

HEALTH DEPARTMENT—CITY OF BALTIMORE 51

CERTIFICATE OF DEATH.

91 C83133

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Ash St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Schaiblein

(Residence in Baltimore: No. 3422 Ash St. St.; 27 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 17, 1849 (Month) (Day) (Year)

7-AGE, 65 yrs. 11 mos. 11 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. Schaiblein

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Barbara Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss. Sallie Schaiblein

(Address) 3422 Ash St.

15-
MAR 1 - 1915
Filed....., 191.....
Burial Permit 9194
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Feby 28 1915, that I saw her alive on Feby 27, 1915, and that death occurred, on the date stated above, at 10 A .m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Goitre (Exophthalmic)

(Duration) yrs. Don't Know mos. ds.

(Signed) Geo. W. D. Hd M. D.

Mar. 1 1915 (Address) 20 20 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) DATE OF BURIAL, March 2, 1915

20-UNDERTAKER, Horace Burgee Son ADDRESS 3631 Falls Rd.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83134

CERTIFICATE OF DEATH.

28 C83134

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Md. University Hosp. ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Wheeler

(Residence in Baltimore: No. 212 N. Paca St. St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 12, 1849
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno. Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Talbot

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Hulse

(Address) 318 W. 30 St.

15-
MAR 1 - 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/9 1914, to 3/1 1915, that I saw h[im] alive on 3/1 1915, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

(Duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculous Arthritis

(Duration) 1½ yrs. ... mos. ... ds.

(Signed) W. McCollister M. D.

March 1, 1915 (Address) Clinic Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 2 ds. In the State yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Balto Md

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 3 1915.

20-UNDERTAKER Ellenworth & Son

ADDRESS 361 Chestnut Av

Space to be filled in print only. See instructions on back of certificate.

C83135 HEALTH DEPARTMENT—CITY OF BALTIMORE 161 C83135

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 Plum Alley ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsia Sutton

(Residence in Baltimore: No. 809 Plum Alley St. 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Aug (Month) ..... 16 (Day), 1909 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 6 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Sutton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elsia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Jones .....

(Address)..... 804 Plum Alley .....

15- Filed MAR 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Accidental Burns
Clothing caught fire at stove
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) [signature] (Coroner) M. D.

March 1, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	March 2, 1915
20-UNDERTAKER	ADDRESS
L. B. Broadbent Son	108 W. Monto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83136

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83136

1 PLACE OF DEATH (Registered No. C.....)

CITY OF BALTIMORE: (No. 202 Ivy ally St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fonus Brookes

(Residence in Baltimore: No. 202 Ivy ally St.; 1 yrs. mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Feb 10 (Month), 1914 (Year)

7-AGE: 1 yrs. mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Mills Brooks

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mama Bowmer

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mama Brooks

(Address): 202 Ivy al

Filed MAR 2 - 1915 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1915, to, Feb 28 1915, that I saw h.. alive on Feb 28 1915, and that death occurred, on the date stated above, at 8.0 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J K Jones M. D.

3-1- 191 5. [Address) 117 W Saratoga

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Mar 2 1915

20-UNDERTAKER: Felix B Pyfe

ADDRESS: 102 E Mulberry St

R. S. — state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28083137

28083137

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 Jasper ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Distance

(Residence in Baltimore: No. 223 Jasper St St.: 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	married

6-DATE OF BIRTH, May (Month) 6 (Day), 1882 (Year)

7-AGE, 32 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Myles Distance

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland M D

(Address) 2532 Edmondson Ave

15- Filed MAR 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 28 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 28 1914, to February 28 1915, that I saw her alive on February 25 1915, and that death occurred, on the date stated above, at 9. a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) Chester Ruland M. D.

2-28, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Peters Cemetery	Mar 2, 1915
20-UNDERTAKER	ADDRESS
Felix B. Frye	102 E Mulberry St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83138 × 108 C83138

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dorsey

(Residence in Baltimore: No. Catonsville Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: ....(Month) Unknown (Day), 1 (Year)

7-AGE: 43 yrs. 6 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Lillian Scott

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Mercy Hosp.

(Address) Catonsville Md.

15- Filed MAR 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Feb. 28 1915, that I saw her alive on Feb 28 1915, and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows:

Purulent Appendicitis

About (Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) General Peritonitis

About (Duration) yrs. 2 mos. 17 ds.

(Signed) Edward L. Smith M. D.

Feb. 28, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Catonsville Md.

Former or usual residence Catonsville, Md.

19-PLACE OF BURIAL OR REMOVAL: Odd Fellows Cemetery | DATE OF BURIAL, Mar 2, 1915

20-UNDERTAKER: Felix B. Pye | ADDRESS 122 E Mulberry St

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Every question must be answered if possible. Omissions will delay burial. Read carefully the instructions on back of certificate.

C83139

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83139

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 323 Park Ave ST.: 4 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Thorn (Thorn)

(Residence in Baltimore: No. 323 Park Ave St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Cold	Single

6-DATE OF BIRTH: Unk (Month) Unk (Day) 1 Unk (Year)

7-AGE: about 80 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Marshall B Wrst

(Address) Catonsville Md

Filed MAR 2 - 1915, 191

ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28, 1915, to, March 1 1915, that I saw h.er alive on Feb 28 1915, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemeflegia
(Hemorrhage)

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Infirmities of age

(Duration) 8 yrs. — mos. — ds.

(Signed) Marshall B Wrst. M. D.

March 1, 1915 (Address) Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetary

DATE OF BURIAL: Mar 3 1915

20-UNDERTAKER: Felix B Pyle

ADDRESS: 102 E. Mulberry St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83140

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C83140

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 811 S. Ross St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Betz

(Residence in Baltimore: No. 811 S. Ross St.; 1 yrs. 1 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 19 (Month) (Day) 1914 (Year)

7-AGE: 1 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Andrew Betz

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Margaret B. Fehn

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Betz

(Address) 811 S. Ross St

15- Filed MAR 2 - 1915 19... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 28 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13, 1915, to Feb 28 1915, that I saw h[illegible] alive on Feb 28 1915, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 1 yrs. mos. 15 ds.

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) yrs mos. 13 ds.

(Signed) W. L. Rubard M. D.

March 1, 1915. [Address] 8100 Belair Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Mch 2nd, 1915

20-UNDERTAKER: Lilly-Grieves

ADDRESS: 403 S. Wolfe St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

08314

CERTIFICATE OF DEATH.

19 08141

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 N. Duncan St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P Barker

(Residence in Baltimore: No. 1837 N Duncan St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, Jan — ....., 18..... (Month) (Day) (Year)

7-AGE, 67 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James P Barker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adline Barker

(Address) 1837 N Duncan St.

15- MAR 2 - 1915 Filed....., 191.....

ROBERT J. KRAUTNER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to Feb 27 1915, that I saw him alive on Feb 27 1915, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

.....Paralysis.....

..... (Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mar-o-car-dit-is

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Jacob Frisch M. D.

Feb 28, 1915. (Address) 1926 E Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Mar 2, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1XXX Bdway

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83142

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C83142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N Chester ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C Block

(Residence in Baltimore: No. 1813 N Chester St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (~~Write the word.~~) Widower

6-DATE OF BIRTH, May 31 (Month) (Day), 1873 (Year)

7-AGE, 41 yrs. 10 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, H. C Block

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ernestine Haase

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Block

(Address) 1813 N Chester St.

15- Filed MAR 2 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to March 1915, that I saw h My alive on Jan 28 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis
2. (Duration) 2 yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Myocarditis Chronic
3. (Duration) yrs. mos. ds.

(Signed) John C. Krauter M. D.

M. R. 1/ 1915 (Address) 1419 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, 3/3, 1915

20-UNDERTAKER Robt T Turner

ADDRESS 1442 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83143

CERTIFICATE OF DEATH.

9283143

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 W. Oliver St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Brown

(Residence in Baltimore: No. 829 Oliver St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Sept (Month) 25 (Day) 1898 (Year)

7-AGE	If LESS than 1 day,
16 yrs. 5 mos. 3 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Solen Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lotta Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solen Brown

(Address) 829 Oliver

15- MAR 2 - 1915 ROBERT . KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 28 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1914, to Feb 28 1915, that I saw her alive on Feb 27 1915, and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. 10 ds.

(Signed) Charles R. Horan M. D.

March 2, 1915. (Address) 715 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Auburn	March 2nd, 1915
20-UNDERTAKER	ADDRESS
John J. Horan & Son	701 Collins

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C83144

CERTIFICATE OF DEATH.

64 C83144

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H. Nordbruch

(Residence in Baltimore: No. 2905 Hudson St.; 50 yrs., mos. ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec. 2, 1840 (Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipcailer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Nordbruch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Nordbruch

(Address) 2905 Hudson St.

15. Filed MAR 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1915 to Feb. 27 1915, that I saw h in alive on Feb. 26 1915, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 3 ds.

(Signed) Geo. Heller M. D.

Feb. 28, 1915 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, March 2nd, 1915

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83145

CERTIFICATE OF DEATH.

119 C83145

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie A. Symonds

(Residence in Baltimore: No. 212 S. Robinson St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept 3rd, 1880 (Month) (Day) (Year)

7-AGE, 34 yrs. 5 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Thomas J. Blades

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Caroline M. Adams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Symonds

(Address) 212 S. Robinson St.

15- Filed MAR 2 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 22 1915, to March 1st 1915, that I saw her alive on Feby 28 1915, and that death occurred, on the date stated above, at 8a, m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Depression Insane

(Duration) yrs. mos. 7 ds.

(Signed) E. N. Athey M. D.

March 1, 1915. (Address) 100 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, March 4th 1915

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83146

91 C83146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. Pratt ST. V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agatha Manica

(Residence in Baltimore: No. 1815 E. Pratt St.: 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Feb. 5, 1844 (Month) (Day) (Year)

7-AGE: 71 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John G. Braun

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Martha Bauer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Schiller

(Address) 1815 E. Pratt st.

15- Filed MAR 2 - 1915 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to Feb 28 1915, that I saw h— alive on Feb 24 1915, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Pulmonary

(Duration) yr. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 4 ds.

(Signed) J. C. Bauer M. D.

Feb 28 1915. (Address) 120 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 3, 1915

20-UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83147

CERTIFICATE OF DEATH.

8 | C83147 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan H. Pahl

(Residence in Baltimore: No. 1739 Jefferson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... May (Month) 4 (Day), 1839 (Year)

7-AGE, 75 yrs. 11 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. H. Stripling

(Address) 1739 Jefferson St.

15- MAR 2 - 1915 ROBERT . KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to Feb 27 1915, that I saw h[er] alive on Feb 27 1915, and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Several days

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Mark M. D.

....., 191... (Address) 20 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, March 2, 1915.

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broadway

SAFE T

C83148

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C83148

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 660 Gay St. - St.: 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Swygert

(Residence in Baltimore: No. 660 Gay St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: unknown (Month) 1 (Day) (Year)

7-AGE: 54 yrs. mos. ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Columbia S C

PARENTS

10-NAME OF FATHER: Simon Dennis

11-BIRTHPLACE OF FATHER (State or country): Columbia S C

12-MAIDEN NAME OF MOTHER: Louisa Cummings

13-BIRTHPLACE OF MOTHER (State or country): Columbia S C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa Dennis

(Address) 666 Gay St

15- MAR 2 - 1915 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1915; to Feb 28. 1915, that I saw h.. alive on Feb 27. 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia.

(Duration) yrs. mos. 4 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) yrs. mos. 10 ds.

(Signed) W. E. Finney M. D.

2-28-1915 [Address] 1052 Glenwood Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Columbia S C — DATE OF BURIAL: March 2, 1915

20-UNDERTAKER: Lewis Hooper — ADDRESS: 609 Little Read

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE, 19

C83149

CERTIFICATE OF DEATH.

170

C83149

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Plum Alley ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Malock

(Residence in Baltimore: No. 114 W. Henrietta St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 7 May (Month) (Day), 1886 (Year)

7-AGE, 28 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard Malock

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellen Ellens

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(informant) Daniel Malock

(Address) #1704 Tyson St

15-

Filed MAR 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 2nd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1915, to Mch 1 1915, that I saw her alive on Mch 1 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Primary — Bright's Disease

Immediate — Uraemic Coma

Antecedent — Exhaustion

(Duration) Knowledge — yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) Nosley — yrs. mos. 21 ds.

(Signed) H. G. Simms M. D.

3/2/1915, (Address) 528 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 4, 1915

20-UNDERTAKER Wm H Hooper

ADDRESS 609 Little Read

Important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83150

15 C83150

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1036 Valley ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wade Hoffman

(Residence in Baltimore: No. 1036 Valley St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Mar 1, 1915 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Walter Lauer

11-BIRTHPLACE OF FATHER (State or country) Balto Co

12-MAIDEN NAME OF MOTHER Mame Hoffman

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Lauer

(Address) Arlington

15. MAR 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1915. to. Mar 1 1915.

that I saw h. alive on Mar 1, 1915

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Prematur birth 5-6 mo baby

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Dr Richard Cox M. D.

3-1, 1915 (Address) 910 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Mar 2 ....., 1915

20-UNDERTAKER ..... ADDRESS H. C. Mitchell 914 Gaurnt Ave

Spec.—5-1-13—M. & T.—500 Bks.

C83151

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C83151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N Carey St Ext ST.; 15 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Golden Yeaton

(Residence in Baltimore: No. 15 N. Carey St Ex. St.: ...yrs. 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 8 (Day), 1915 (Year)

7-AGE, ...yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, George Yeaton

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Edna Golden

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Verda Van Sant.

(Address) 1516 Harlem Ave

15- MAR 2 - 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 1 1915, that I saw her alive on March 1 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) G W Billups M. D.

March 1915 (Address) 222 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, March 3, 1915

20-UNDERTAKER George J. Smith ADDRESS 1020 N Fayette St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83152

1PLACE OF DEATH

CERTIFICATE OF DEATH

92 C83152

REGISTERED No. C

CITY OF BALTIMORE (No. 2127 Keyser St.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Morley Jones.

(Residence in Baltimore: No. 2127 Keyser St.: yrs. 3 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~

6-DATE OF BIRTH: Nov. (Month), (Day), 1914 (Year)

7-AGE: yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John Jones

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Annis Foax

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Jones

(Address) 2127 Keyser St.

15 Filed MAR 2 - 1915 ROBERT . KRAUSE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1915, to, Feb 28 1915, that I saw h[illegible] alive on Feb 28, 1915, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Convulsions. 5 hrs.

(Duration) yrs. mos. ds.

(Signed), H. Austin Delcher M. D.

Feb 28, 1915. (Address) 2250 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: March 2, 1915

20-UNDERTAKER: Robert A Elliott — ADDRESS: 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C83153 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C83153

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Druid Hill Ave ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Smith

(Residence in Baltimore: No. 1136 Druid Hill Ave St.; 51 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Wilson Smith

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Peggy Smith

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Smith

(Address) 1136 Druid Hill Ave

15- MAR 2 - 1915 ROBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13th 191.. to Feb 28th 1915, that I saw h.. alive on Feb 26th 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) A. Glover Coley M. D.

Mar 1st 191.5 (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Int-Auston Cem	March 3, 1915
20-UNDERTAKER	ADDRESS
Robert H Elliott	506 Rogers Ave

Fee

Directions for filling out this certificate are printed on back. Please read them carefully, as every item is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83154

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 N. Dallas ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella E Gibbs

(Residence in Baltimore: No. 1616 N. Dallas St.; ... yrs., ... mos. ... ds.)

Person to Tuberculosis Nurse Division 25 Mary Elizabeth Stella Gibbs

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 9M yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Gibbs

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Curtis

(Address) 1616 N. Dallas St

15- Filed MAR 2 - 1915 101 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 28 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Feb 28 1915, that I saw h[illegible] alive on Feb 27 1915, and that death occurred, on the date stated above, at 4.55 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung

(Duration) ... yrs. 2 mos. 5 ds.

CONTRIBUTORY. (Secondary) Hemorrhage of Lungs

(Duration) ... yrs. 2 mos. 5 ds.

(Signed) Wm. Kennard M. D.

Feb 28, 1915. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, Mar 3 1915

20-UNDERTAKER Robt A Elliott ADDRESS 506 East St.

important. See instructions on back of certificate.

Spec.—5-1913—M. & T.—500 Blks.

C83155

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83155

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S Bond ST.; ✓ WARD) REGISTERED No. C

2-FULL NAME Adam Polek

(Residence in Baltimore: No. 703 S. Bond St.; ... yrs., ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 2 (Day) 1915 (Year)

7-AGE, ... yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or 21 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Ignatius Polek

11-BIRTHPLACE OF FATHER (State or Country), Austrian Poland

12-MAIDEN NAME OF MOTHER Rosalia Bandel

13-BIRTHPLACE OF MOTHER (State or Country), Austrian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignatius Polek.

(Address) 703 S. Bond St.

15- Filed MAR 2 1915 ROBERT . KRAUTER, ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2. (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1915, to March 2nd 1915, that I saw h[illegible] alive on March 2nd 1915, and that death occurred, on the date stated above, at 10.32 a/m.

The CAUSE OF DEATH* was as follows:

Prematura birth between seven & eight months

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... da.

(Signed) Henry D. Bullock M. D.

March 2. 1915. (Address) 10 S Jackson P.L.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL. May 2nd, 1915

20-UNDERTAKER M. F. Ludowski. ADDRESS 705 S. Ann St.

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83156

CERTIFICATE OF DEATH.

28 C83156

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hall

(Residence in Baltimore: No. 313 N. Parish Pl. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Genl.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15-

Filed MAR 2 - 1915, 191.. MARY O. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13 1915, to Feb. 28 1915, that I saw h[illegible] alive on Feb. 28 1915 and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Donot Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

.....s. (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

Feb 28, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 313 N. Parish Pl

Former or usual residence 313 N. Parish Pl

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, ..., 191..

20-UNDERTAKER Commissioner Health. ADDRESS

UNIVERSITY OF MARYLAND. MAR 2 - 1915

CAUSE OF DEATH must be plainly stated, and the certificate must be properly filled out in every particular. This is important. See instructions on back of certificate.

FOR ANATOMICAL PURPOSES.

C83157

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83157

CERTIFICATE OF DEATH

3

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Combash

(Residence in Baltimore: No. St. Paul St. St.; 1 yrs. 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. (Month) 2 (Day) 1913 (Year)

7-AGE: 1 yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Montgomery Co.

PARENTS

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER: Annie Combash

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

MAR 2 - 1915 HARRY O. ARLBERG

Filed ..... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10-DATE OF DEATH: Feb 28 (Month) (Day), 1915 (Year)

11-I HEREBY CERTIFY, That I attended deceased from Oct 14, 1914, to, Feb 28 1915, that I saw h.. alive on Feb 27 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) 1 yrs 18 mos. ? ds.

Contributory (SECONDARY) Chronic Lesions Malnutrition

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Edgar L. Friedenwald M. D.

Mar 1, 1915 [Address] 1515 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 0 yrs. 4 mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Before admission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL | DATE OF BURIAL: MAR 2 - 1915 191

UNDERTAKER: Commissioner Health | ADDRESS

FOR ANATOMICAL PURPOSES.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83158 HEALTH DEPARTMENT—CITY OF BALTIMORE C83158

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmart Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holmes Edwards

(Residence in Baltimore: No. 531 S Paca St St.; 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 1859
(Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Canister
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Stephanson

(Address) 531 S. Paca St.

15- Filed MAR 2 - 1915, 191 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1915, to Mar 2 1915, that I saw h[illegible] alive on Mar 1 1915, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy of Right side

Pneumonia

Right side Pneumonia Broncho

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Greenfield M. D.

Mar 2, 1915. (Address) Emmart Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? 16 Years Baltimore

Former or usual residence 531 S Paca St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Mar 3, 1915

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

over

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83159

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C83159

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 Robert St., ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Babette Hecht,

(Residence in Baltimore: No. 253 Robert St., St.: 70 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow,

6-DATE OF BIRTH, Oct. (Month) 6th. (Day), 1827. (Year)

7-AGE, 87 yrs. 4 mos. 26 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Joseph Neuberger,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Jennette Kaufman,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Hecht,

(Address) 253 Robert,

15- MAR 2 - 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Mar 1 1915, that I saw her alive on Mar 1 1915, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(Senile.)

(Duration) yrs. 1 mos. 10 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Melvin S. Rosenthal M. D.

Mar 2, 1915. (Address) 715 N. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	Mar. 3rd, 1915
20-UNDERTAKER David Goodheim	ADDRESS New Albany

C83160

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

REGISTERED No. C 83160

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 N. Monroe St.) (WARD 20)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Thelma Houff.

(Residence in Baltimore: No. 10 N. Monroe St.) (Yrs. 9 mos. 10 ds. 6)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white.

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: April 22nd, 1905 (Month) (Day) (Year)

7-AGE: 9 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: John Houff MD

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Mickels

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. John Houff.

(Address) 15 N. Monroe St.

15- Filed MAR 2 - 1915, 191

Burial Permit Given

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 28th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1915, to Feb 28th 1915, that I saw h~~er~~ alive on Feb 28th 1915, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. 2 mos. 6 ds

Contributory (SECONDARY) Tubercular Meningitis

(Duration) yrs. 2 mos. 6 ds

(Signed) S. DeMarco M. D.

3-1-, 1915 (Address) 1604 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: MAR 3- 1915

20-UNDERTAKER: Geo D Gerberg

ADDRESS: Balto & Hayes
56

Spec.—8-24-14—M. & T.—2000 Blks.

C83161

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C83161

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Mc Henry ST.) 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Walthon Hammel

(Residence in Baltimore: No. 2117 Mc Henry St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.): Single

6-DATE OF BIRTH: March 23rd, 1914 (Month) (Day) (Year)

7-AGE: ..... yrs. 11 mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Harry W Hammel

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Edna Wells

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W Hammel

(Address) 2117 Mc Henry St.

15-

Filed ....., 191. MAR 2 - 1915 HARRY O ANDREAE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Feb 28 1915, that I saw him alive on Feb 28 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Marasmus & Enteritis

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H. Gilbert M. D.

3-1, 1915. (Address) 814 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, MAR. 3. 1915

20-UNDERTAKER Geo. A. Gerber ADDRESS Belvedere

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83162

CERTIFICATE OF DEATH.

150 C83162

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Ellwood ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Pope

(Residence in Baltimore: No. 216 N. Ellwood ave St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Mar. 1st 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Philip Pope

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Angelus Cuneo

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Pope

(Address) 216 N. Ellwood ave

15- MAR 2 - 1915 Filed ....., 191... HARRY O. ARLBERT, Burial Permit Clerk. Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 2 1915, that I saw h[illegible] alive on March 2 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prem. & Lung

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Congenital Heart Lesion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John G. Quinn M. D.

March, 191 5. (Address) 1 E. Centre St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar 3 1915

20-UNDERTAKER Jno A. Inman ADDRESS Baltimore

CAUSE OF DEATH must be plain and important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—569 Bks.

C83163

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Scott St ST. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Flynn.

(Residence in Baltimore: No. 811 Scott St.; 70 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Jan 6th 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Pat McGraw

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Lynnow

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. J. Flynn

(Address) 811 Scott St

15- MAR 2 - 1915 HARRY O ANDERSON,
Filed ..... 191.. Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Feb 28 1915, that I saw h[er] alive on Feb 28 1915, and that death occurred, on the date stated above, at 9 25 m.

The CAUSE OF DEATH* was as follows:

Apoplexy Arth

(Duration) 5 hrs. 15 min. 10 sec. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ? yrs. ? mos. 2 hours ds.

(Signed) John J. Schwensberg M. D.

Feb 28, 1915 (Address) 1120 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mar 3, 1915.

20-UNDERTAKER John R Horan

ADDRESS Bank & Aisquith Sts

Spec.—5-19-13—M. & T.—500 Bks.

C83164

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83164

CERTIFICATE OF DEATH.

REGISTERED No. C 79 C83164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid apts ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Owens

(Residence in Baltimore: No. Druid apts, Druid + Linden Ave. ; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 186 (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer), Druid Apts.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Tony Clark

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Owens

(Address) Druid Apts.

15- W. Forrest ROBERT F. KRAUTER,
Filed MAR 3 - 1915 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2/28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 4, to 2/28, 1915, that I saw h[illegible] alive on 2/28, 1915 and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Slowly fatty degeneration of the heart

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Dr. Louis A. Clark

Disease (Duration) ..... yrs. 9 mos. ..... ds.

(Signed) A. Lee Ellis M. D.

3/1, 1915. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... dc. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon — DATE OF BURIAL, 3/3, 1915

20-UNDERTAKER, Samuel J. Kemsley — ADDRESS, 578 N. Eden

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83165

CERTIFICATE OF DEATH.

64 C83165

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 413 N Biddle ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Whittington

(Residence in Baltimore: No. 413 N Biddle St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day) 1848 (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not given

11-BIRTHPLACE OF FATHER (State or Country), Not given

12-MAIDEN NAME OF MOTHER Not given

13-BIRTHPLACE OF MOTHER (State or Country), Not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mack Brown

(Address) 1219 Park Ave

15- Filed MAR 3 - 1915 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1914, to Feb 28 1915, that I saw her alive on Feb 28 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ...yrs. 5 mos. ...ds.

(Signed) Edw. Short M. D.

March 1, 191.5 (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 5 mos. ds. In the State ...yrs. ...mos. ds.

Where was disease contracted, if not at place of death? 1210 Park Ave

Former or usual residence 1219 Park Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, 3/3 1915.

20-UNDERTAKER Samuel F. Kemsley ADDRESS 5 N Biddle

CAUSE OF DEATH must be stated plainly and fully. Use no abbreviations or terms of doubtful meaning. Indefinite statements, such as "Heart Failure," "Exhaustion," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Paralysis," "Convulsions," "Fever," "Old Age," "Dropsy," "Childbirth," "Accident," "Fracture," "Drowning," "Hemorrhage," "Suicide," "Homicide," are insufficient. Indicate the primary cause, secondary, if any, and the contributory, if any. Do not report symptoms, modes of dying, or conditions resulting from causes stated. Write plainly with pen and ink and report cause of death as directed on the other side. Use the International List of Causes of Death. Be sure to answer every question. Omissions cause unnecessary correspondence and delay. Please write in ink. Do not use pencil. Sign and return certificate promptly. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83166

123 C83166

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Warner St., 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A Dorsey

(Residence in Baltimore: No. 1015 Warner St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Jan.... (Month) 25 (Day), 1859 (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Dorsey (wife)

(Address) 1015 Warner St

15- Filed MAR 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, [redacted] (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to March 1 1915, that I saw h.. alive on Feb 28 1915, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Gastritis, Dyspnea

Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 7 ds.

(Signed) C. H. Howard M. D.

March 2, 1915. (Address) 711 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	March 4, 1915
20-UNDERTAKER	ADDRESS
S. K. Brown's Son	108 N. Monroe

CAUSE OF DEATH must be filled in. Please write plainly. Use ink. Do not use lead pencil. Be particular and answer each question fully. Do not use ditto marks. Where there is no entry, write none. Be careful to fill in all dates. Ages, in all cases where deceased is under one year or one day old, should be carefully computed and recorded in years, months and days. Physicians are requested to report cases to the Health Department promptly. Certificate should be filled out immediately after death. Do not delay. Every certificate must be signed by the attending physician, if there was one. Certificate must be signed by the undertaker. Certificate must be filed with the Registrar of the district in which death occurred before a burial permit will be issued. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83167 C83167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 37

CITY OF BALTIMORE: (No. 1965 N. Patterson Park Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Louis Fifer

(Residence in Baltimore: No. 1965 N. Patterson Park Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 24, 1915
(Month) (Day) (Year)

7-AGE, — — 6 ds.
....yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Israel Fifer

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Wm Etta Fourroat

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Israel Fifer

(Address) 1965 N. Patterson Park Ave.

15- ROBERT . KRAUTER

Filed MAR 3 - 1915 191 Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain words, by a medical practitioner only, if possible. Omit technical terms. Name contributory (secondary) causes if important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1915, to March 2 1915, that I saw him alive on March 2 1915, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Wm. L. Ingram M. D.

March 2, 1915. (Address) 2439 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Friends Cemetery	March 3, 191...
20-UNDERTAKER	ADDRESS
Christian Miller	2554 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83168

CERTIFICATE OF DEATH.

C83168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Roach

(Residence in Baltimore: No. St. Josephs Hospital St.; about 63 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edward Roach,

(Address) 1301 Eastern Ave.

15- MAR 3 - 1915 Filed ..... 191 ..... ROBERT , KRAUT Burial Permit 019 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 2., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Mar 2 1915, that I saw h er alive on Mar 2 1915, and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

about (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. 24 hrs. ..... ds.

(Signed) W. T. L. Warner M. D.

Mar 2., 1915. (Address) St Jos Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 18 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Josephs Hospital

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Mar 4., 1915.

20-UNDERTAKER Denny Hauck Son — ADDRESS 1301 E Eager St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C83169

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83169

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Ashburton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mable E. Patterson

(Residence in Baltimore: No. 1608 Ashburton St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1883 (Year)

7-AGE, 31 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mansfield Ohio

PARENTS.

10-NAME OF FATHER, George Farmer

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Barbra Hannon

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H Patterson

(Address) 1608 Ashburton

15-

Filed MAR 3 - 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3 - (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 3 1915, to March 3 1915, that I saw h.. alive on March 3 1915, and that death occurred, on the date stated above, at 5" a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Curtis Hoffman M. D.

March 3, 1915 (Address) 2100 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mansfield Ohio — DATE OF BURIAL, Mar. 3, 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8:170

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8:170

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Fulton Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Helber

(Residence in Baltimore: No. 1705 N. Fulton Ave St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 12, 1856
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
58 yrs. 2 mos. 18 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Kept a
(b) General nature of industry, business, or establishment in which employed (or employer): Notions & Dry goods Store

9-BIRTHPLACE, (State or Country). Garret Co. Maryland

PARENTS.

10-NAME OF FATHER. John A. Helber

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Magdalene Fresh

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). William J. Helber

(Address) 2231 W. Pratt st

15-
Filed MAR 3 - 1915 191.. ROBERT . KRAUTER, Registrar.

Cross out words not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 8 1915, to Mch 15 1915, that I saw her alive on Mch 15 1915, and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

P. Pulmonary Tuberculosis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) O. N. Deivall, M. D.

Mch 27, 1915. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Paul's Luth Cemty

DATE OF BURIAL, Mar 4, 1915

20-UNDERTAKER Mrs A Rohde & Son

ADDRESS 93 Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C83171

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83171

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Henry Hohns,

(Residence in Baltimore: No. Eccleston, Baltimore Co, Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, ... September ..... (Month) ..... 1 ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
..... 28 ..... yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dairy worker.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Disley

(Address) Eccleston

15- Filed MAR 3 - 1915 191.....

ROBERT J. KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... (Month) ..... 1 ..... (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 28 1915, to March 1 1915, that I saw him alive on March 1 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

General Sereomatosis.

Masoscopic Examination Made

about (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Linton Clift M. D.

March 2., 191.5. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Eccleston, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Mar. 4., 1915
20-UNDERTAKER	ADDRESS
C. J. Hoff	Pikesville

SECOND COPY. important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(83172

CERTIFICATE OF DEATH.

81 083172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Druid Hill ave ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Cohen

(Residence in Baltimore: No. 816 Druid Hill ave St.: 22 yrs., ~ mos., ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, widowed, ~~OR DIVORCED~~, (Write the word.)

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... 75 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hyman Seidel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Seidel

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Carmel .....

(Address) 1812 E Balto st .....

15-

MAR 3 - 1915

ROBERT , KRAETER,

Filed....., 191.... Vital Records Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3 (Month) ..... 3 (Day) ....., 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 2d 1915, to March 2d 1915, that I saw her alive on March 2d 1915, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Arteriae Sclerosis

..... (Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bright Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Duttweiler M. D.

March 3 1915. (Address) 2 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 816 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship | DATE OF BURIAL, Mar 3, 191...

20-UNDERTAKER S. Levinson & Bro | ADDRESS 1107 E Balto st

SEE OTHER SIDE for items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C83173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brune

(Residence in Baltimore: No. 1630 E. Oliver st St.; 52 yrs., ~~5~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. December (Month) 9th (Day), 1839 (Year)

7-AGE. 75 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Employed Otto Dukes Timber Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie M. Brune

(Address) 1630 E Oliver st

15- Filed MAR 3 - 1915, 191.... ROBERT J. KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1st (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Mar 1st 1915, that I saw h[illegible] alive on Mar 1st 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cystitis Calculus Chronic
Interstitial Nephritis
Chronic Myocarditis
Senility (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Streptococcic infection of head and face (Duration) yrs. mos. 1 ds.

(Signed) H. H. Wagner M. D.

Mar 1, 1915. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1631 E Oliver st

Former or usual residence 1630 E Oliver st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	March 3rd 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

C83174

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 N Eden St.: 5 WARD) 79

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Blythe

(Residence in Baltimore: No. 11 N Eden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ...Unknown...., 1.....
(Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Fraser

(Address) 20 N Braddock Ave

15- Filed MAR 3 - 1915 ROBERT KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2nd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elgar J. Russell M. D.
(Coroner.)

March 3rd, 1915. (Address) 473 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, March 4, 1915.

20-UNDERTAKER A Fahey & Sons

ADDRESS 626 Lafayette Ave

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83175

CERTIFICATE OF DEATH.

1 29 C83175

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1356 h Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Cordit Merchant

(Residence if in Baltimore: No. 1356 h Carey St.; 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, December 18, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John A Cordit

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Quintina Chipchase

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Quintina Cordit

(Address) 1356 h Carey

15- Filed MAR 3 - 1915, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to Mar. 1st 1915 that I saw h[er] alive on Mar. 1st 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Ac. Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) W. T. Carr Jr. M. D.

Mar. 2, 191.. (Address) 515 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel, DATE OF BURIAL March 3rd, 1915

20-UNDERTAKER Hamme & Smyth ADDRESS 1364 Mary

important. See instructions on back of certificate.

C83176

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9a 83176

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 845 W Lexington ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm T. Ruckle Sr.

(Residence in Baltimore: No. 845 W. Lexington St.; 76 yrs. — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: Feb. 26, 1839 (Month) (Day) (Year)

7-AGE: 76 yrs. — mos. 4 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wm R. Ruckle

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Cole

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C. Ruckle

(Address) 1900 White St.

15- Filed MAR 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 2nd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1914, to March 2nd 1915, that I saw h— alive on March 1st, 1915, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) yrs. 2 mos. 18 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno. A. Sinclair M. D.

March 3rd, 1915 (Address) 1227 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet | DATE OF BURIAL: March 4, 1915

20-UNDERTAKER: George J. Smith | ADDRESS: 2500 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(83177) 151 (83177)

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 909 Lanvale St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Haller

(Residence in Baltimore: No. 909 Lanvale St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 28 (Day), 1915 (Year)

7-AGE: ——— yrs. 2 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: ———
(b) General nature of industry, business, or establishment in which employed (or employer): ———

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Frank Haller

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Lottie Rosenburg

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

15- Filed MAR 3 - 1915 191 ROBERT J. BRAUER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1915, to, Mar. 2, 1915, that I saw h.. alive on Mar. 1, 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 months)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C. D. Plaps M. D.

March 2, 1915. [Address] J. H. Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: MAR 2 - 1915 191

20-UNDERTAKER ..... ADDRESS .....

Commissioner of Health.

FOR ANATOMICAL PURPOSES

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83178 **CERTIFICATE OF DEATH.** X 170 C83178

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Robinson

(Residence in Baltimore: No. Beltsville Prince Geo Co Md St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1858 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wilkey Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa Paine

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed MAR 3 - 1915, 191.... ROBERT . KRAUTER, Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1915, to Feb 26 1915, that I saw h[im] alive on Feb 26 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Disease Diffused Nephritis

{History of 3 months duration}

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration).....yrs. 1 mos.....ds.

(Signed) B. H. Quisenberry M. D.

2-26, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 12 hrs In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence Beltsville Prince Geo Co Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAR 2 - 1915

20-UNDERTAKER	ADDRESS
Commissioner Health.	

Wm. E. WOODALL

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83179

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83179

CERTIFICATE OF DEATH.

x 142

1-PLACE OF DEATH St Joseph's Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hofer

(Residence in Baltimore: No. Shell Road Balto Co Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ..Aug..26.., 1857
(Month) (Day) (Year)

7-AGE, ..57..yrs..6..mos..3..ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leopold Hofer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Ebar

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Eckas

(Address) Colgate Creek P.O.

15- Filed MAR 3 - 1915 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..March..1...., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to March 1 1915, that I saw h.m alive on March 1 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Gangrene of Leg

(Duration) P yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. 4 ds.

(Signed) W. H. Eckas M. D.

March 1, 1915 (Address) Colgate Creek P.O.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. ....ds. In the State ....yrs. ....mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Shell Road (Balto Co Md

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, March 7, 1915

20-UNDERTAKER J. Herwig & Co

ADDRESS 2008 Orleans

Should any of the above questions be unanswered, explain why in full. Every certificate must be filled out in full, as it is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83180

CERTIFICATE OF DEATH.

152 C83180

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1822 Gough ST.: 2 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josh married (Inf of Wm & Julia Thomas)

(Residence in Baltimore: No. 1822 Gough St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 1, 1915.
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Thomas

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Julia A. Thorlow

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Thomas

(Address) 1822 Gough St

15-MAR 3 - 1915 ROBERT . KRAUTER

Filed....., 191... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones (Coroner) M. D.

M. & L., 1915 (Address) 2116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, March 3 1915.

20-UNDERTAKER Lilly & Zeiler. ADDRESS 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83181 — 170 C83181

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Beck

(Residence in Baltimore: No. 2035 Mcculloh St ..... St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 30 (Day), 1850 (Year)

7-AGE, 64 yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Austro

PARENTS.

10-NAME OF FATHER, Channa Beck

11-BIRTHPLACE OF FATHER (State or Country), Austra

12-MAIDEN NAME OF MOTHER Chaje Perlsoth

13-BIRTHPLACE OF MOTHER (State or Country), Austra

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Balto St.

15- Filed MAR 3 - 1915, 191..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH must be plainly written. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 3 1915, that I saw h[illegible] alive on March 3 1915, and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. Wolman M. D.

Mar. 3, 1915 (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bats Hebrew	3/3, 1915
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto

T Y ▲ F

S • A F E

Spec.—5-19-13—M. & T.—500 Blks.

C83182

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83182

CERTIFICATE OF DEATH.

45

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Amalie Pauline Hahn

(Residence in Baltimore: No. 524 N. Gilmor St. St.; 5 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 9, 1899
(Month) (Day) (Year)

7-AGE, 15 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, Theo. F. Hahn

11-BIRTHPLACE OF FATHER (State or Country), Missouri

12-MAIDEN NAME OF MOTHER, Elisabeth Heinrich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hahn

(Address) 524 N. Gilmor

15- ROBERT . KRAUTER,

Filed MAR 3 - 1915, 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1913 to March 1 1915, that I saw h[er] alive on Feb. 27. 1915, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of left thigh

.....

.....

..... (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cachexia

..... (Duration) yrs. 6 mos. ds.

(Signed) Frank L. Lynn M. D.

March, 1915. (Address) 1619 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls-Druid Hill Park — DATE OF BURIAL, Mar. 3d, 1915

20-UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson ave

Keep this certificate clean and unfolded. Read carefully and write plainly. Every question important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83183

CERTIFICATE OF DEATH.

66 C83183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 E. 21st ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ellen E. Keenan

(Residence in Baltimore: No. 717 E. 21st St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Nov. (Month) 23 (Day), 1832 (Year)

7-AGE, 82 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Robt. Dougherty

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Dorsey

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Alice Brady

(Address): 717 E. 21st St.

15- Filed MAR 3 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1908, to Mar 1915, (that I saw her alive on Feb 28 1915, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mary F. Voegeius M. D.

Mar. 2, 1915. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	March 4, 1915
20-UNDERTAKER	**ADDRESS**
H. C. Rudefeld	914 Fremont Ave

Dr Voegeius

Spec.—5-19-13—M. & T.—500 Bks.

C83184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C83184

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Fell ST.; 3 WARD) REGISTERED NO. C

2-FULL NAME Mary Swiderski (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 911 Fell St.; 30 yrs, mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, December 28, 1852
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Gankia

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Swiderski

(Address) 911 S. Fell st

15- MAR 3 - 1915 HARRY O. ANDREWS,
Filed ....., 191 Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1915, to March 1 1915, that I saw h er alive on March 1 1915, and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Consumption

(Duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Ulceration of bowels
(Duration) yrs. 3 mos. ds.

(Signed) John H. Rebberger M. D.
March 2, 1915 (Address) 1709 Eden Avenue

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys trappe Road
DATE OF BURIAL, March 4, 1915, 191...

20-UNDERTAKER Randell Hoppe & Son
ADDRESS 3/4 Canal

C83185

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C83185

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 455 Yale Ave ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerhard Kupper

(Residence in Baltimore: No. 455 Yale Ave St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Mar. 2nd, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

8-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: August J. Kupper

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Helen E. Koehler

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August J. Kupper

(Address) 455 Yale ave

15 Filed MAR 3 - 1915, 191 BERRY O. ANDREWS, Special Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. 3, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2nd, 191 5, to, Mar 3, 191 5, that I saw him alive on Mar 3rd, 191 5, and that death occurred, on the date stated above, at 4 30 m.
The CAUSE OF DEATH* was as follows:

Congenital Heart Disease.

(Duration) ..... yrs. ..... mos. ..... ds 5 hr.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C. H. Meyer Jr. M. D.

Mar 3, 191 5. (Address) 201 N. Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 4, 1915

20-UNDERTAKER: J. C. J. Kerr — ADDRESS: 1914 E. Fayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

083186

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 083186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Haupt

(Residence in Baltimore: No. 310 W. Lanvale st St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH: Aug. (Month) 20 (Day), 1861 (Year)

7-AGE: 53 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R.R.

9-BIRTHPLACE, (State or Country): Washington D.C.

PARENTS.

10-NAME OF FATHER: William Haupt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Haynes

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lizzie Haupt

(Address) Same

15-

Filed MAR 3 - 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: February (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27. 1915, to Feb 28 1915, that I saw him alive on Feb 28 1915, and that death occurred, on the date stated above, at 11.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

1

(Duration)....yrs....mos....1 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(Duration)....yrs....mos....1 ds.

(Signed) Elmer Hausmer M. D.

....., 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. 1 ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 310 W. Lanvale St

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: March 4, 1915

20-UNDERTAKER: Chas. E. Brown ADDRESS: 807 Madison Av.

Important. See instructions on back of certificate.

C83187

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C83187

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 529 E. 20th ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane C. Hancock

(Residence in Baltimore: No. 529 E. 20th St.: — yrs. 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Female	White	Widowed

6-DATE OF BIRTH Nov. (Month) 10 (Day), 1841 (Year)

7-AGE 72 yrs. 3 mos. 20 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Charles Co., Md.

PARENTS

10-NAME OF FATHER Gilbert Howard

11-BIRTHPLACE OF FATHER (State or country) Charles Co. Md.

12-MAIDEN NAME OF MOTHER Dont Known

13-BIRTHPLACE OF MOTHER (State or country) Dont Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Chas Sayler

(Address) 529 E. 20th St.

15. MAR 3 - 1915 Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1915, to, Mch 2, 1915, that I saw h.e.r. alive on Mch 2, 1915, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion
with obstipation & dyspnoea.

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Mitral insufficiency.

(Duration) ..... yrs. ..... mos. 3 hrs.

(Signed), Hugh Forsythe, M. D.

Mch 2, 1915 (Address) 421 E. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mch 4th, 1915
20-UNDERTAKER E. LeRoy Stiffler	ADDRESS 844 N. 36th St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83188 HEALTH DEPARTMENT—CITY OF BALTIMORE. x 45 C83188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Day

(Residence in Baltimore: No. Smithfield, Va St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1849
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
66 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Cherry

(Address) J. H. Hosp

15- PARISH OF ANDREW'S,
Filed MAR 3 - 1915, 191 Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Mar 3 1915, that I saw him alive on Mar 3 1915, and that death occurred, on the date stated above, at 5:35 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis (Tuberculosis)
Ulceration
(Duration) Abt 20 Minutes yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma Bladder
(Duration) 2 mos. ds.

(Signed) William F Smith M. D.
Mar 3, 1915 (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 28 ds. In the State yrs. mos. 28 ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence Smithfield Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Smithfield Va	March 1915
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C83189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 C83189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Division ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace A. Carter

Residence in Baltimore: No. 1815 Division St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, [illegible], 1871.
(Month) (Day) (Year)

7-AGE, 44 yrs. [illegible] mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Alfred Green

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Green

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Carter

(Address) 1815 Divisions St.

15-

Filed MAR 3 -, 1915. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 2, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to March 2 1915, that I saw her alive on March 2 1915, and that death occurred, on the date stated above, at 8:20 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

Duration 13 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) [illegible] M. D.

March 3, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mechanicsville, St. Mary Co. Md.

DATE OF BURIAL, March 4th, 1915

20-UNDERTAKER George N. Holland

ADDRESS 577 Robert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83190

CERTIFICATE OF DEATH.

1920 C83190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Gill

(Residence in Baltimore: No. 1716 W. Lanvale St. St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, March 3, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, John T. Gill

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Turner

12-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Wm. F. Gill

(Address) 1716 W. Lanvale St.

15- MAR 3 - 1915

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 3 1915, that I saw him alive on March 3 1915, and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,

about 2
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Poisoning

(Duration) yrs. mos. 3 ds.

(Signed) J. W. Vinton Cliff M. D.

March 3, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1716 W. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, March 5, 1915

20-UNDERTAKER George J. Smith — ADDRESS 1001 Fayette St.

important. See instructions on back of certificate.

C83191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83191

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2606 Riggs Ave. St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Gaither

(Residence in Baltimore: No. 2606 Riggs Ave St.; ? yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: May (Month) 18 (Day) 1846 (Year)

7-AGE: 68 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Anne Arundel Co Md

PARENTS

10-NAME OF FATHER: James Phelps

11-BIRTHPLACE OF FATHER (State or country): Bethel Md.

12-MAIDEN NAME OF MOTHER: ~~Lapsley~~ Phelps

13-BIRTHPLACE OF MOTHER (State or country): Elizabeth Shubert Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm A Phelps

(Address) Severn Md

15- Filed MAR 3 - 1915, 191 — HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1915, to, Mar 1 1915, that I saw h.. alive on Mar 1st 1915, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. P. Daley M. D.

3/1, 191.. [Address] 1953 A Ave a.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Severn Md

DATE OF BURIAL: 3/3, 1915

20-UNDERTAKER: Wm Cook

ADDRESS: 501 E Mon.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N Payson St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolf F. C. Baarks

(Residence in Baltimore: No. 1819 N Payson St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Oct 23, 1880. (Month) (Day) (Year)

7-AGE: 34 yrs. 4 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Baarks

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Werth

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaretha Baarks

(Address) 1819 N. Payson

15-

Filed MAR 3 - 1915, 191... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Mar 2 1915, that I saw him alive on Mar 2 1915, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ... yrs. ... mos. 4 ... ds.

CONTRIBUTORY (Secondary) Dyspnoea

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dr. E. Mickley Schaeffer M. D.

Mar 2, 1915. (Address) 2117 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL, Mar 5, 1915.

20-UNDERTAKER: Wm Cook & Co

ADDRESS 502 E Hoffman

C83193

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83193

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2117 Ridgewood ave ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Peise

(Residence in Baltimore: No. 2117 Ridgewood ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word): Married

6 DATE OF BIRTH: Oct 4 (Month), (Day), 1870 (Year)

7 AGE: 34 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9 BIRTHPLACE (State or country): Wash D.C.

PARENTS

10 NAME OF FATHER: John T Burke

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary A Spaulding

13 BIRTHPLACE OF MOTHER (State or country): Prince Geo Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. L. Peise

(Address) 2117 Ridgewood ave

15. MAR 3 - 1915, 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3d (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2nd, 1914, to Feb 26th 1915, that I saw h[illegible] alive on Feb 26, 1915, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Same

Do not know (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B Parker M. D.

Mch 3, 1915 (Address) 3116 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Washington D.C. DATE OF BURIAL: Mar 5, 1915

20 UNDERTAKER: Edw F Evans Son ADDRESS: 70 W Royal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083194 64 083194

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Forest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Kelly

(Residence in Baltimore: No. 1025 Forrest St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 15 (Day) 1869 (Year)

7-AGE, 45 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Dillon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Maria Kelly

(Address) 1025 Forrest St

15-

MAR 3 - 1915 MARY O. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7 a.m March 15, 1915, to 6 p.m March 14, 1915, that I saw h[er] alive on 6 p.m. March 15th 1915, and that death occurred, on the date stated above, at 6 15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage (Apoplexy)

(Duration) yrs. mos. 14 hours

CONTRIBUTORY (Secondary) Chronic Nephritis + Heart Disease

(Duration) 3 yrs. 2 mos. ds.

(Signed) Wilder Brinton M. D.

March 3rd, 191... (Address) Calvert + Fayette Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	March 4, 1915
20-UNDERTAKER D. F. M. D. Flynn	ADDRESS 1422 Light St.

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83195

CERTIFICATE OF DEATH.

119 C83195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Luzerne ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Meyer

(Residence in Baltimore: No. 435 N. Luzerne Ave St. 41 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Oct 25 (Month) (Day), 1873 (Year)

7-AGE, 41 yrs. 4 mos. 3 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John F. Meyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Meyer

(Address) 435 N. Luzerne

15- MAR 3 - 1915 HARRY O. ANDREWS, Filed....., 191.. Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1915, to March 1 1915, that I saw him alive on March 1 1915, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis and Paralysis

(Duration) ...yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 8 ds.

(Signed) Adolph C. Eisenberg M. D.

March 2, 1915. (Address) 2201-3 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, Mar 4, 1915

20-UNDERTAKER Philip Herwig | ADDRESS 2016 Orleans St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83196

CERTIFICATE OF DEATH.

15 V C83196

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirm ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Troeger

(Residence in Baltimore: No. 1828 Bolton St)

St.; .....yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 8 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Church Home & Infirm Balt

PARENTS.

10-NAME OF FATHER. Andrew H. Troeger

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Mrs. Martha Troeger

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew H. Troeger

(Address) 1828 Bolton Street

15-
Filed MAR 3 - 1915, 191...
ERNEST O. ANDREWS, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 2 1915, that I saw him alive on March 1st 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Injury at birth

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prematurity (7 mos)

(Duration).....yrs.....mos.....ds.

(Signed) Emmanuel Stamm M. D.

March 2 1915 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 d. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Here

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, March 2 1915

20-UNDERTAKER H. Sander & Sons

ADDRESS 1210 E. Lee St

C83197

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C83197

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 46 West West St. WARD 23)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Kearody

(Residence in Baltimore: No. 46 West West St. St.: 1 yrs. 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: August 27, 1913 (Month) (Day) (Year)

7 AGE: 1 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: James Harody

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Stella Byas.

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Stella Hardy

(Address) 46 W West St

15 MAR 3 - 1915 191 HARRY O. ANDERS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1915, to Mar 2 1915, that I saw him alive on Mar 2, 1915, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) G. H. Buxton M. D.

Mar 3, 1915 (Address) 301 E Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: H. Peters. Cem. DATE OF BURIAL: Mch 4 1915

20 UNDERTAKER: John H. Toadvine ADDRESS: 142 W Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C83198

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 3035 West North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin C. Nicoll

(Residence in Baltimore: No. 3035 W. North Ave. St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, December 14, 1842, 1 (Month) (Day) (Year)

7-AGE, 72 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William D. Nicoll

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Catherine Ann Prince

13-BIRTHPLACE OF MOTHER (State or Country). Lancaster, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Nicoll

(Address) 829 South Second St. Canton

15- Filed MAR 4 - 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to March 1 1915, that I saw him alive on March 1 1915, and that death occurred, on the date stated above, at 59 m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris 1/2 hr

(Duration) yrs. mos. ds.

(Signed) T. Frederick Lee M. D.

March 3, 1915. (Address) 2048 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, 3/4/15, 191...

20-UNDERTAKER Holmes W. Means & Son

ADDRESS 1053 N. Calvert St.

CAUSE OF DEATH must be stated by a physician, if possible. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83199 — 89 C83199

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 426 S Sharp St ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Dilisano

(Residence in Baltimore: No. 426 S Sharp St St.: 5 yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 1 (Day), 1915 (Year)

7-AGE, ...yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Carmals Dilisano

11-BIRTHPLACE OF FATHER (State or Country), Itly

12-MAIDEN NAME OF MOTHER Angelo Bruglo

13-BIRTHPLACE OF MOTHER (State or Country), Itly

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carmals Dilisano

(Address) 426 S Sharp St

15- FILED MAR 4 - 1915. HOWARD . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to Per death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exphysia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edw Gruenstein M. D. (Coroner)

March 4 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery — DATE OF BURIAL, March 4 1915

20-UNDERTAKER John S Galeyson — ADDRESS 1318 Light Street

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83200 91 C83200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1431 Mulliken ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm G Bias

(Residence in Baltimore: No. 1431 Mulliken St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec (Month) 17 (Day), 1914 (Year).

7-AGE, ...yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Bias

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma J Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Bias

(Address) 1431 Mulliken St.

15- MAR 4 - 1915 ROBERT . KRAUTER,
Filed....., 191.... Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 1 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 28 1915, to Mar 1 1915, that I saw h[illegible] alive on July 28 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

.....

.....Bronchial Pneumonia.....

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Walter A White M. D.

Mar 3 1915. (Address) 1101 Biway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem,	March 4, 1915.
20-UNDERTAKER	**ADDRESS**
Wm J. G. Locks	1302 Jefferson

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83201 — 99 C83201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Chester ST.; 2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Rosenack

(Residence in Baltimore: No. 222 S. Chester St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, Dec 4, (Month) (Day) 1837 (Year)

7-AGE, 77 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Charles Moore

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Murr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Rosenack

(Address) 222 S. Chester St.

15- MAR 4 - 1915 HOBART J. KRAUTER

Filed ....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2d, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 15 1915, to Mch 2 1915, that I saw her alive on Mch. 1st 1915, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Old Age

Valvular Dis of Heart

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 1 mos. ds.

(Signed) Frank G. Mayer M. D.

Mch 4, 1915. (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Emmanuel Cem.	March 5, 1915
20-UNDERTAKER	ADDRESS
H. Sauter & Sons.	1710 Park Av.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

083202 10 083202

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Cumberland St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Melvin Brooks

(Residence in Baltimore: No. 612 Cumberland St.; 19 yrs. 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr (Month) 24th (Day), 1881 (Year)

7-AGE: 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shut Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: William Brooks

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Emma Dunn

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Brooks

(Address) 612 Cumberland

15- Filed MAR 4 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9, 1915, to, Mar 3 1915, that I saw him alive on Feb March 2 1915, and that death occurred, on the date stated above, at 8 30 2 m.

The CAUSE OF DEATH* was as follows:

Lagrippe

..... (Duration) ..... yrs. ..... mos. 26 ds.

Contributory (SECONDARY): Acute nephritis

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed), Lewis L Bryant, M. D.

March 3, 1915 [Address] 210 N Eutaw av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 6th 1915

20-UNDERTAKER: H D M Gaudy — ADDRESS: 610 W North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83203

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83203

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 611 West German St.; 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Emil Koch

(Residence in Baltimore: No. 611 W. German St.; yrs. 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 29 (Day), 1914 (Year)

7-AGE: ..... yrs. 5 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Paul Koch

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Leora K. Fohs

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul L. Koch

(Address) 611 German St

15. ROBERT . KRAUTER, Filed MAR 4 - 1915 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1915, to March 3 1915, that I saw h.. alive on March 3, 1915, and that death occurred, on the date stated above, at 3.40 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Malnutrition

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Henry H. Wemberger M. D.

March 3, 1915 (Address) 724 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yr. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Mar 4, 1915

20-UNDERTAKER: Jos Joerchens Son ADDRESS: 217 S. Pac

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85204

CERTIFICATE OF DEATH.

28 C85204

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2111 E. Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Steinmann

(Residence in Baltimore: No. 2111 E. Chase St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, July (Month) 22 (Day), 1875 (Year)

7-AGE, 39 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Wm Steinmann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Kraft

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Steinmann

(Address) 2111 E. Chase St

15- Filed MAR 4 - 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CAUSE OF DEATH is paid [illegible] important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to March 2 1915, that I saw h[illegible] alive on March 2 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John T. Buxton M. D.

191... (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 5, 1915

20-UNDERTAKER Christian Miller — ADDRESS 2354 Jefferson St

Spec.—5-15-13—M. & T.—500 Bks.

C83205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

C83205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Cambridge ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Shiba

(Residence in Baltimore: No. 2139 Cambridge St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Mar (Month) 19 (Day), 1889 (Year)

7-AGE,	If LESS than 1 day.
25 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Shop Work

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Frank Shiba.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Sojka.

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Shiba. Brother

(Address) 2129 Cambridge St.

15- Filed MAR 4 - 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28 1915, to March 4 1915, that I saw h[illegible] alive on March 4 1915, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 3 ds.

(Signed) W. J. Ryan M. D.

March 4 1915 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislaus.	Mar. 6, 1915.

20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83206

CERTIFICATE OF DEATH.

79 C83206

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wirth

(Residence in Baltimore: No. 130 S Caroline St.; 57 yrs., 8 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 24, 1857 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
57 yrs. 8 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Wirth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rose Meinhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dina C Wirth

(Address) 130 S Caroline St

15- Filed MAR 4 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 4, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1 1915 to March 4 1915, that I saw h.... alive on March 2 1915, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ... yrs. ... mos. ... ds.

(Signed) William McGee M. D.

March 4 1915. (Address) 1407 Hay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 7, 191.5
20-UNDERTAKER	ADDRESS
Louis Herman	332 S Broadway

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83207 50 C83207

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Jane Young

(Residence in Baltimore: No. 3114 Dillon St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, not known, 1848 (Month) (Day) (Year)

7-AGE, estimated 67 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): housewife

9-BIRTHPLACE, (State or Country): Md.

PARENTS

10-NAME OF FATHER: Absalom

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or Country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Messick

(Address) 3114 Dillon St.

15- MAR 4 - 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1915, to March 3 1915, that I saw her alive on March 3 1915, and that death occurred, on the date stated above, at 10:15 p.m.

The CAUSE OF DEATH* was as follows:

Uremia coma

exhaustion

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 2 yrs. ....mos. ....ds.

(Signed) ..... M. D.

March 4, 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hanbicks Md	Mar. 4., 191.5.
19-UNDERTAKER	ADDRESS
Albert C Fuller	221 N Broadway

Cause of death must be filled in. See instructions on back of certificate. important.

C83208

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C83208

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 John street, St.: 14 WARD)

2-FULL NAME Henry D. Sellman,

(Residence in Baltimore: No. 1429 John street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, January (Month) 6th (Day), 1836. (Year)

7-AGE, 79 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lieut. U. S. N.,
(b) General nature of industry, business, or establishment in which employed (or employer): retired 30 yrs.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James C. Sellman,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary Fonerden,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie VanBuren Sellman, sister.

(Address) 1429 John street.

15-Filed MAR 4 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Atheroma Coronary Arteries,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration) 3 yrs. mos. ds.

(Signed) J Frederick Hempel M. D. (Coroner.)

Mar. 2d, 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	3rd 6th 1915
20-UNDERTAKER	ADDRESS
H.W. Jenkins Sons Co	McCulloh & Druid Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83209

CERTIFICATE OF DEATH.

28 C83209

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 324 Dover ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Munir

(Residence in Baltimore: No. 324 Dover St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, March 1st, 1855
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wilson

(Address) 324 Dover St

15- MAR 4 - 1915 ROBERT [illegible] KRAUTHEIM
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

March 5, 1915. (Address) 1132 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn — DATE OF BURIAL, March 4, 1915

20-UNDERTAKER Wm. H. Chase Son — ADDRESS 400 Mosher St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83210 C83210

CERTIFICATE OF DEATH.

18

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 S. Decker St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Edward Gross

(Residence in Baltimore: No. 638 S. Decker St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 22, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Harry Gross

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Isabelle Jocum

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Gross

(Address) 638 S. Decker Ave

15- Filed MAR 4 - 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1915, to March 3 1915, that I saw him alive on March 1 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis " Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Dellett M. D.

March 3, 1915. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Johnsville Cem.	March 5, 1915
20-UNDERTAKER Tully & Zeile	ADDRESS 703 S. Wolfe

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83211

CERTIFICATE OF DEATH.

89 C83211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 East st. ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Bocchia

(Residence in Baltimore: No. 308 East st St.: ...yrs., ...mos. 35 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 28, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 35 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Bocchia

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Silvia Debesarl

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Bocchia

(Address) 308 East St

15-

Filed MAR 4 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/27, 1915, to 3/3, 1915, that I saw h[illegible] alive on 3/3 1915, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. L. Frost, M. D.

March 3, 1915. (Address) 210 Park st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem

DATE OF BURIAL, March 4, 1915

20-UNDERTAKER Lilly & Zile

ADDRESS 403 E Wolfe

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

083212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 083212
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 651 W Franklin ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Mende
(Residence if Baltimore: No. 651 Franklin St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 8 [illegible], 1869
(Month) (Day) (Year)

7-AGE, 45 yrs. 4 mos. 23 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, nek
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER nek
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Lena Mende
(Address) 651 W Franklin

15- MAR 4 - 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3. 1. 1915, to 3. 2. 1915, that I saw h[illegible] alive on 3. 2. 1915, and that death occurred, on the date stated above, at 7 30 A. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs & Larynx

(Duration) 5 ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. L. Lloyd M. D.
Mch 3 1915. (Address) 639 Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, 5, 1915.
20-UNDERTAKER W M Cook
ADDRESS 501 E N. Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(85213

CERTIFICATE OF DEATH.

92 (85213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 London Ave ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Frost

(Residence in Baltimore: No. 248 London Ave St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 28 (Day) 1834 (Year)

7-AGE 80 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Frost

(Address) 248 London Ave

15- ROBERT . KRAUTER,
Filed MAR 4 - 1915 1915 Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1915, to March 3 1915, that I saw him alive on March 2 1915, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

March 3., 1915. (Address) Dennison Corner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	3/6, 1915.
20-UNDERTAKER William Cook	ADDRESS 507 E. North Ave

Baltimore, Mar 24,1915.

I the undersigned do hereby certify that I attended the said Michael Drost and that an error was made in making out the death certificate by spelling the name Michael Trost which should have been spelled Michael Drost,and hereby authorize the health department to correct the name to MICHAEL DROST.

Howard W Jones MD

State of Md_____

City of Baltimore_____

On this 25th day of March 1915 before me came the the above Howard W. Jones M. D. as physician ,and made oath that above is true to the best knoledge and belief

Howard W. Jones

Notary Public

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83214

CERTIFICATE OF DEATH.

120 C83214

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1125 Cleveland ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Schwartz

(Residence in Baltimore: No. 1125 Cleveland St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 27 (Day) 1850 (Year)

7-AGE, 64 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Engust Haschmidt

11-BIRTHPLACE OF FATHER (State or Country), Germainy

12-MAIDEN NAME OF MOTHER Kathan Sondersen

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Dolch

(Address) 1125 Cleveland St

15- Filed MAR 4 - 1915 ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

Cross out words not applicable. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19, 1915, to March 3 1915, that I saw her alive on March 2 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY. (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. D. Lemp Kerr M. D.

March 4 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 6, 1915

20-UNDERTAKER William Cook — ADDRESS 601 E North Ave

FILE COPY

C83215 HEALTH DEPARTMENT--CITY OF BALTIMORE C83215

CERTIFICATE OF DEATH

98

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No 1531 N. Spring St.: 8 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Elizibeth Stewart

Married 5

(Residence in Baltimore: No. 1808 N. Spring St.: 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: April (Month) 30 (Day), 1914 (Year)

7-AGE: yrs. 10 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Alexander Stewart

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Hattie Taylor

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. E. Link MD.

(Address) 1717 N. Carrollie St

15. MAR 4 - 1915 Filed, 191

SAM'L O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 5th, 1915, to February 19th 1915

that I saw her alive on February 19th, 1915

and that death occurred, on the date stated above, at 10 .m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Pneumonia
(Duration) yrs. 6 weeks

Contributory (SECONDARY)
(Duration) yrs. mos. d

(Signed) Amelia E. Link M.

3/2, 1915 (Address) 1717 N. Carrollie St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. d

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: March 4, 191

20-UNDERTAKER: Rotest-A Elliott

ADDRESS: 506 Hatzer

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPY DAMAGED

C83216

HEALTH DEPARTMENT—CITY OF BALTIMORE

24

C83216

CERTIFICATE OF DEATH.

1 PLACE OF DEATH: Hahnemann General Hospital,

CITY OF BALTIMORE (No. 1122 North Mount street, ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME: Sellman Gassaway,

(Residence in Baltimore: No. 1108 Little Wilson st. St.; yrs., 25 years, mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH: January (Month) 8th (Day), 1886. (Year)

7-AGE: 28 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland,

PARENTS.

10-NAME OF FATHER: Moses Gassaway,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Mary Johnson,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Gassaway, brother,

(Address) 1143 N. Fremont avenue.

15- MAR 4 - 1915 Filed....., 191.. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus,
resulting from infection of injury
received in getting foot caught in
R. R. switch (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemper M. D. (Coroner.)

March 4, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 5, 1915

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

C83217

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Peterson

(Residence in Baltimore: No. 712 W. Lexington St.: 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, March 2, 1915 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Max Peterson

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Peterson

(Address) 712 W. Lexington St

15- Filed MAR 4 - 1915 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 2, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 2 1915, that I saw him alive on March 2 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

(Hereditary Syphilis)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

3/2/ 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 712 W Lexington St

Former or usual residence 712 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, 1915

20-UNDERTAKER Commissioner of Health. ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1V C83218

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Gross

(Residence in Baltimore: No. Calhoun & Lexington Sts St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-CONDITION. Married (Write the word.)

6-DATE OF BIRTH. Unknown, 1874
(Month) (Day) (Year)

7-AGE. 40 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. Woodle

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Mercy Hosp.

(Address) Calvert St.

15- MAR 4 - 1915 MARY O. ANDREWS Burial Permit Clerk
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1915, to Mar 1 1915, that I saw h[illegible] alive on Mar 1 1915, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) Over 1 Year

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Edward M. Smith M. D.

Mar 3, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Calhoun & Lexington Sts

Former or usual residence Calhoun & Lexington Sts

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, MAR 4 - 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83219 HEALTH DEPARTMENT—CITY OF BALTIMORE C83219

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martina Nelson

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, January 26, 1914
(Month) (Day) (Year)

7-AGE, yrs. 1 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents Infnt Asy

(Address) 1701 Division St.

15-

Filed MAR 4 - 1915, 191 HARRY O. ANDREAS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1 1915, to February 28 1915, that I saw her alive on February 28 1915, and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition and Mal. assimilation

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard M.C. Parker M. D.

March 2, 1915. (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. 1 mos. 2 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 4., 1915

20-UNDERTAKER Mealey & Sons — ADDRESS 106 Lafayette Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83220 HEALTH DEPARTMENT—CITY OF BALTIMORE C83220

CERTIFICATE OF DEATH.

REGISTERED NO. C 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Staunton

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 1st (Day), 1914 (Year)

7-AGE, ...yrs. 5 mos. 2 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1701 Division St.

15- MAR 4 - 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1st 1915, to March 1st 1915, that I saw her alive on March 1st 1915, and that death occurred, on the date stated above, at 8.00 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard M. C. Parker M. D.

March 3, 1915. (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. ds. In the State yrs. 5 mos. 2 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Mar 4, 1915

20-UNDERTAKER	ADDRESS
M. Fahey & Sons	616 Lafayette Av

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

(83221

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 (83221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Lemon ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac H. Worsham

(Residence in Baltimore: No. 1503 Lemon St ST.; 37 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug — 24, 1827 (Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Singer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Isaac Worsham

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Amanda Sampson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Ida Morgan

(Address)... 1029 Druid Hill Ave

15-

Filed MAR 4 - 1915, 191.... MARK O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar — 2 —, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 18 1915, to Mar 2 1915, that I saw h[illegible] alive on Mar 2 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

.....

Acute Nephritis

..... (Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. D. Steele M. D.

Mar 3, 191... (Address) 1317 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, 3/4, 1915

20-UNDERTAKER Sam'l J. Hemsley

ADDRESS 5 Hilton Ave

CAUSE OF DEATH must be stated plainly. Use no abbreviations or terms not generally understood. Make no use of such terms as "Heart Failure," "Exhaustion," "Blood Poisoning," "Septicemia," "Pyemia," "Uremia," "Convulsions," "Paralysis," "Old Age," "Cancer," "Tumor," "Abscess," "Tuberculosis," "Consumption," "Fever," "Inflammation," "Hemorrhage," "Dropsy," "Debility," "Malignant Disease," "Infection," "Malignant Growth," "Gangrene," "Carcinoma," "Sarcoma," "Meningitis," "Pneumonia," "Bronchitis," "Pleurisy," "Peritonitis," "Enteritis," "Colitis," "Nephritis," "Cystitis," "Hepatitis," "Cholecystitis," "Appendicitis," "Endocarditis," "Pericarditis," "Myocarditis," "Arteritis," "Phlebitis," "Thrombosis," "Embolism," "Aneurism," "Rupture," "Injury," "Accident," "Suicide," "Homicide," "Shock," "Collapse," "Coma," "Delirium," "Unknown," "Unascertained," "Undetermined," "Not Known," "Not Ascertained," "Not Determined," "Not Known to Informant," "Not Ascertained by Informant," "Not Determined by Informant," "Not Known to Physician," "Not Ascertained by Physician," "Not Determined by Physician," "Not Known to Coroner," "Not Ascertained by Coroner," "Not Determined by Coroner," "Not Known to Medical Examiner," "Not Ascertained by Medical Examiner," "Not Determined by Medical Examiner," "Not Known to Health Officer," "Not Ascertained by Health Officer," "Not Determined by Health Officer," "Not Known to Registrar," "Not Ascertained by Registrar," "Not Determined by Registrar," "Not Known to Undertaker," "Not Ascertained by Undertaker," "Not Determined by Undertaker," "Not Known to Embalmer," "Not Ascertained by Embalmer," "Not Determined by Embalmer," "Not Known to Sexton," "Not Ascertained by Sexton," "Not Determined by Sexton," "Not Known to Gravedigger," "Not Ascertained by Gravedigger," "Not Determined by Gravedigger," "Not Known to Undertaker's Assistant," "Not Ascertained by Undertaker's Assistant," "Not Determined by Undertaker's Assistant

C83222

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83222

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1303 Etting St ST. 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James E. Stephens.

(Residence in Baltimore: No. 1303 Etting St. St.; 58 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 2, 1835 (Month) (Day) (Year)

7 AGE: 79 yrs. 3 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION: (a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE: (State or country) Md

PARENTS

10 NAME OF FATHER: Jas. Stephens

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Henson

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Stephens

(Address) 1303 Etting Str

15 Filed MAR 4 - 1915 191.....

HARRY O. ARDRETH, City Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 2d (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 27, 1915 to. March 2d 1915 that I saw h[im] alive on March 2d 1915 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrage - Apoplexy

3 days - Thrs

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Louis W. Knight M. D.

March 4, 1915 (Address) 414 N. Grand St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/6, 1915

20 UNDERTAKER: Samuel K Hemsley — ADDRESS: 1918 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 C83223

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Penrose Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Tarron

(Residence in Baltimore: No. 2117 Penrose Ave St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Widow

6-DATE OF BIRTH March 17, 1822
(Month) (Day) (Year)

7-AGE, 92 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, John Broughton

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ellason

(Address) 2117 Penrose Ave

15- MAR 4 - 1915 HARRY O. ANDREWS,
Filed..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1915, to March 3 1915, that I saw h.r alive on March 1st 1915, and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

.....
.....Carcinoma Breast
.....
Contributory (Duration) yrs. 6 mos. ds.
* Duration from Old Age
CONTRIBUTORY (Secondary) .....
..... (Duration) yrs. mos. ds.

(Signed) J. A. Lm Hartt M. D.
March 3, 1915. (Address) 1516 Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa

DATE OF BURIAL, MAR 5....., 1915

20-UNDERTAKER Geo. A. Gerbig

ADDRESS Baltimore Md

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83224

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83224

CERTIFICATE OF DEATH.

96

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Chester ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonie Levy

(Residence in Baltimore: No. 830 N. Chester St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH, November 3rd (Month) (Day), 1850 (Year)

7-AGE, 64 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER, Frank Hranac

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband J. Levy

(Address) 830 N. Chester St.

15-

Filed MAR 4 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 3 1915, that I saw h[illegible] alive on March 3 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Asthma

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Cardio Dilatation

(Duration) ....yrs. mos. 4 ds.

(Signed) W. J. Kyser M. D.

March 4, 1915. (Address) 2008 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar 6th, 1915
20-UNDERTAKER	ADDRESS
Geo M. Sinn	811 N 40th

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83225 C83225

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.: 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selmar Johnsen

(Residence if Baltimore: No. 202 Hanover St St.: 12 yrs., 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, December 28, 1874
(Month) (Day) (Year)

7-AGE, 40 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Norway

PARENTS.

10-NAME OF FATHER, Andrud Johnsen

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Amelda Johnsen

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Johnsen

(Address) 1428 N. Charles St

15-

MAR 4 - 1915 HEALTH OFFICER

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 — 3 —, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-23-1915, to 3-3-1915, that I saw him alive on 3-3-1915, and that death occurred, on the date stated above, at 2.45a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(Duration) yrs. mos. 9 ds.

(Signed) Alkausenbach C.D. M. D.

3-3-, 1915. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 12 yrs 9 mos. ds.

Where was disease contracted, if not at place of death? ???

Former or usual residence 202 Hanover St.

19-PLACE OF BURIAL OR REMOVAL, First Evangelical Cem'ty

DATE OF BURIAL, March 6, 1915.

20-UNDERTAKER Wm. L. E. Evans Sons

ADDRESS 1428 N. Charles St

CAUSE OF DEATH must be given. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C83226 HEALTH DEPARTMENT—CITY OF BALTIMORE 146 C83226

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 Barclay ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Clinton Lopez

(Residence in Baltimore: No. 244 Barclay St.; 27 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED. (*Write* the word.): married

6-DATE OF BIRTH: January 22, 1887 (Month) (Day) (Year)

7-AGE: 58 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stripper Grinder
(b) General nature of industry, business, or establishment in which employed (or employer): Boat worker

9-BIRTHPLACE, (State or Country): Turkey Point N.J.

PARENTS.

10-NAME OF FATHER: John Lopez

11-BIRTHPLACE OF FATHER (State or Country): I do not Know

12-MAIDEN NAME OF MOTHER: Mary Campbell

13-BIRTHPLACE OF MOTHER (State or Country): I do not Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Catherine B. Lopez

(Address): 244 Barclay St.

15-

Filed ..... 1, 191.... Registrar.

MAR 4 - 1915

BURIAL PERMIT 9161

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 3, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 7 1914, to Mch 3 1915, that I saw him alive on Mch 3 1915, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Supparative Pancreatitis

About x yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Enlarged Heart

About 72 yrs. 6 mos. ds.

(Signed) William F. Todd M. D.

3 Mch, 1915. (Address) Mt Washington Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Millville N.J. DATE OF BURIAL, Mch 6, 1915

20-UNDERTAKER: A. E. Marshall ADDRESS 1559 Fawn St

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083227 × 109 083227

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin B. King jr

(Residence in Baltimore: No. Warrenton, Va St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, June 1 (Month) 19 (Day), 1911. (Year)

7-AGE, 3 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md,

PARENTS.

10-NAME OF FATHER, Edwin B King

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Summer Forbes

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan'l W. Griffith

(Address) Warrenton Va

15-

Filed MAR 4 - 1915, 191.... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 4 1915, that I saw him alive on March 4 1915, and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas Watts M. D.

3/4, 1915 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mes. 1 ds.

Where was disease contracted, if not at place of death? Warrenton Va

Former or usual residence Warrenton Va

19-PLACE OF BURIAL OR REMOVAL, Warrenton Va

DATE OF BURIAL, 3-5, 191 4

20-UNDERTAKER Henry W. Griffith Son Co

ADDRESS Bullock & Archard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083228

CERTIFICATE OF DEATH.

152 083228

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 W. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond A Holmes Jr.

(Residence in Baltimore: No. 2125 W. North Av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Mah	White	Single

6-DATE OF BIRTH, March (Month) 4 (Day), 1915 (Year)

7-AGE, ~ yrs. ~ mos. ~ ds. If LESS than 1 day, ~ hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto,

PARENTS.

10-NAME OF FATHER, Raymond A. Holmes.

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER Julia G. Bell.

13-BIRTHPLACE OF MOTHER (State or Country), Balto,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Holmes Jr

(Address) 2125 W North Ave

15-

Filed MAR 4 1915, 191.. BARRY O. ARLEEWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 11 1915, to Mch 4 1915, that I saw him alive on Mch 4 1915, and that death occurred, on the date stated above, at 6 10 a.m.

The CAUSE OF DEATH* was as follows:

Instrumental delivery after difficult labor.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Barman Hood M. D.

Mch 4, 1915. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 5, 1915

20-UNDERTAKER H. J. Tuckner & Co — ADDRESS Lemmon Bath

CAUSE OF DEATH to be plainly written. (See important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

(83229)

CERTIFICATE OF DEATH.

(83229)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1306 Pennsylvania avenue, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kelly,

(Residence in Baltimore: No. 1306 Pennsylvania avenue, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 33 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coachman,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, James Kelly,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Harriet Griffin,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Kelly, wife,

(Address) 1306 Pennsylvania ave.,

15- Filed MAR 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. 201 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably valvular heart disease,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

March 4, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Lawn, DATE OF BURIAL, Mar 5, 1915

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Orleans M

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83230

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C83230

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 522 N. Caroline St. 5 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mervin Hughes

(Residence in Baltimore: No. 522 N Caroline St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 21, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md U.S.

PARENTS

10-NAME OF FATHER: John H. Hughes

11-BIRTHPLACE OF FATHER (State or country): Md U.S.

12-MAIDEN NAME OF MOTHER: Estella Lehman

13-BIRTHPLACE OF MOTHER (State or country): Md U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Hughes

(Address) 522 N Caroline St

15. FILED MAR 5 - 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1915, to March 2 1915, that I saw him alive on 11 / 1, 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
seven months

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Deaver M. D.

March 2, 1915 (Address) 2600 Barclay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: Mar 5, 1915

20-UNDERTAKER: Harry A Vodery — ADDRESS: 1725 Orleans st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83231 64 C83231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Laurens ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jennings Hooper

(Residence in Baltimore: No. 1336 Laurens St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, November (Month) 15 (Day), 1845 (Year)

7-AGE, 69 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland.

PARENTS.

10-NAME OF FATHER, James Jimmy

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Kelly

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Hooper

(Address) 1815 Linden Ave

15- Filed MAR 5 - 1915, 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CAUSE OF DEATH to plain terms so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Mar 3 1915, that I saw her alive on Mar. 3 1915, and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Organic Heart disease (Duration) 5 yrs. mos. ds.

(Signed) Paul Brown M. D.

March, 1915 (Address) 837 Pine Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cathedral Cemetery — DATE OF BURIAL, March 6, 1915

20-UNDERTAKER Henry Hooke Sons — ADDRESS 1301 E Eager St

C83232

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83232

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1821 N Mount St ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. John F. Wightman

(Residence in Baltimore: No. 1821 N Mount St St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Sept 9th (Month) (Day), 1825 (Year)

7-AGE: 89 yrs. 5 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Minister (M.E.)
(b) General nature of industry, business, or establishment in which employed (or employer): Ch South

9-BIRTHPLACE (State or country): S. C

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances J. Wightman

(Address) 1821 N. Mount St

Filed MAR 5 - 1915, 191

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 3rd (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1915, to Mar 3rd 1915; that I saw him alive on Mar 3rd, 1915; and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

2 wks (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Apoplexy (Cerebral)

2 days (Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Hill M. D.

191... (Address) 1001 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch. 5, 1915

20-UNDERTAKER: Edw. Mitchell — ADDRESS: 201 Fayette St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

C85233

REGISTERED No. C

1-PLACE OF DEATH-

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Freidenrich

(Residence in Baltimore: No. 1945 W. Franklin St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 13, 1858
(Month) (Day) (Year)

7-AGE. 56 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, William Abentz

11-BIRTHPLACE OF FATHER (State or Country). York Pa

12-MAIDEN NAME OF MOTHER Amanda Schoven

13-BIRTHPLACE OF MOTHER (State or Country). Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hies

(Address) 1906 Pennsylvania Ave

15- MAR 5 - 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1915, to March 4, 1915, that I saw her alive on March 4, 1915, and that death occurred, on the date stated above, at 4 20 a m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

No (autopsy), operation nor autopsy available

Causes of Death (Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

.... (Duration) ....yrs. ....mos. 1 ds.

(Signed) M. B. Levin M. D.

3/4, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1945 W Franklin St.

Former or usual residence 1945 W Franklin St

19-PLACE OF BURIAL OR REMOVAL. Balto Hebrew Cem

DATE OF BURIAL. March 5, 1915

20-UNDERTAKER Fahrens & Co

ADDRESS 1614 Madison

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83234

REGISTERED No. C 83234

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 707 N. Spring ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Davis

(Residence in Baltimore: No. 707 N. Spring St.: ..yrs., 1 mos. 7 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, (Month) (Day) 1840 (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Davis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Caroline Hodnett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Addie Davis
(Address) 707 N Spring

15-
Filed MAR 5 - 1915 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be easily understood. Omissions are very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3 (Month) (Day), 191.. (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Mar 3 1915, that I saw h.. alive on Mar 3 191.., and that death occurred, on the date stated above, at 6.15 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) A. C. Bronchitis

(Duration) ..yrs. ..mos. 10 ds.

(Signed) Edw Short M. D.

Mar 4, 191.5 (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Lemert — DATE OF BURIAL, March 7, 191.5

20-UNDERTAKER Charles B. Jones — ADDRESS 504 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83235 89 C83235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 W Leth ST.; 21 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel N Conroy

(Residence in Baltimore: No. 640 W Leth St ..... St.; ..... yrs., 5 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 4, 1914.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....—....
(b) General nature of industry, business, or establishment in which employed (or employer) ....—....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Daniel L Conroy

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ethel M Todd

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel L Conroy

(Address) 640 W Leth St

15- Filed MAR 5 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1915, to Masch 4 1915, that I saw her alive on March 4 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edwd Mcentee M. D.

March 5, 1915. (Address) 317 Lex 6 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, March 6, 191.V.

20-UNDERTAKER, John J Corman — ADDRESS, 901 Dolliver

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83236

CERTIFICATE OF DEATH.

91 C83236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811½ Baltimore St.; 19 WARD) REGISTERED No. C

2-FULL NAME George C. Ruppel

(Residence in Baltimore: No. 1811½ Baltimore St. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb (Month) 23. (Day) 1841 (Year)

7-AGE, 74 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hatter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Ruppel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Regina Hall

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lauterbach

(Address) Kraft & Stanford Co.

15- ROBERT . KRAUTER,

Filed MAR 5 - 1915 Burial Permit Clerk.

Registrar.

CAUSE OF DEATH in plain terms, so that any one may understand it. Name of disease alone insufficient. Indefinite terms, such as "Debility," "Old Age," etc., should be avoided. If from violence, state the MEANS and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. If from disease of a woman, state whether single, married, or widowed. If from disease peculiar to children, state whether legitimate or illegitimate. Every question should be answered as far as practicable. The more complete and accurate the answers, the more valuable the certificate. Physicians are requested to fill out these certificates in every case. Their importance. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10. 1915, to Mch 3. 1915, that I saw h[illegible] alive on Mch 4th. 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Primary—Pneumonia

Last Stage

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) A. H. Nolan M. D.

2. 3. 1915. (Address) 1733 Hilton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Mch 5, 1915.

20-UNDERTAKER W. J. Dickneite & Son ADDRESS North & Penn

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83237

CERTIFICATE OF DEATH.

151 C83237

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3505 Hickory Ave. ST.; 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Avalon Birch

(Residence in Baltimore: No. 3505 Hickory Ave. St.; ..... yrs. ..... mos. 2 & 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 2nd (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, 15 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Avalon Birch

13-BIRTHPLACE OF MOTHER (State or Country), Ocean City, Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Avalon Birch

(Address) 3505 Hickory Ave

15- Filed MAR. 5 - 1915 ROBERT . KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 2nd 191 5, to Mch 3 191 5; that I saw h[illegible] alive on March 3 191 5; and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Prematur Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematur Birth

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Vernon F Kelly M. D.

3/5, 191 5 (Address) 3705 Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, Jan 5, 1915

20-UNDERTAKER A S Marshall ADDRESS 539 Gilmor St

CAUSE OF DEATH in plain terms, so that nothing may be properly important. See instructions on back of certificate.

C83238

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83238

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 722 N. Bruce ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Richardson

(Residence in Baltimore: No. 722 N. Bruce St.; whole life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male

4-COLOR OR RACE colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

6-DATE OF BIRTH March (Month) 4 (Day) 1867 (Year)

7-AGE 47 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day labor

9-BIRTHPLACE (State or country) Baltimore City.

PARENTS

10-NAME OF FATHER not known to informant

11-BIRTHPLACE OF FATHER (State or country) not known to informant

12-MAIDEN NAME OF MOTHER not known to informant

13-BIRTHPLACE OF MOTHER (State or country) not known to informant

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Richardson

(Address) 722 N. Bruce St.

15- Filed MAR 5 - 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 -, 1914, to, March 3 1915, that I saw h-- alive on March 3 - 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Double lobar pneumonia

(Duration) 6 weeks yrs. mos. ds.

Contributory (SECONDARY) Bronchitis

(Duration) - yrs 2 mos. ds.

(Signed), Chas. L. McCarthy M. D.

March 4 1915 [Address] 906 N. Stricker St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL National

DATE OF BURIAL March 6 1915

20-UNDERTAKER Robert A Elliott

ADDRESS 506 Rogers Ave

I. B. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83239

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83239

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 McDonough. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Tuales

(Residence in Baltimore: No. 923 McDonough St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) August (Day), 1862 (Year)

7-AGE, 52 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Middlesex Co., Va.

PARENTS.

10-NAME OF FATHER, Joshua Tuales

11-BIRTHPLACE OF FATHER (State or Country), Middlesex Co., Va.

12-MAIDEN NAME OF MOTHER Margaret Banks

13-BIRTHPLACE OF MOTHER (State or Country), Middlesex Co., Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura F. Tuales

(Address) 923 McDonough St.

15- MAR 5 - 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1915, to March 2 1915; that I saw h~~im~~ alive on March 2 1915; and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

..... (Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) E. Tunstall Ray M. D.

March 3, 1915. (Address) 906 N. Caroline St.

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 5, 1915

20-UNDERTAKER Robt H Elliott — ADDRESS 506 Rogers Ave

C83240

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C83240

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1126 W Lombard St.; 18 WARD)

2-FULL NAME Jacob Stahl (Male)

(Residence in Baltimore: No. 1126 W Lombard St.; ... yrs. ... mos. ... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Oct. (Month) 11th (Day), 1857 (Year)

7-AGE: 57 yrs. 4 mos. 19 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Moulder (Iron)
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jacob Stahl

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Stahl

(Address) 643 Conway st

15. Filed MAR 5 - 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2d (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 28, 1914, to March 2 1915, that I saw h[illegible] alive on March 2, 1915, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Indefinite yrs. mos. ds

Contributory (SECONDARY) Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

(Signed), James E Walling M. D.

Mar 3, 1915 (Address) 871 Hartman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Mar 6, 1915

20-UNDERTAKER: John F Field — ADDRESS: 1200 W Lombard

C83241

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

C83241

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1716 N. Fulton avenue, ST.: 15 WARD)

2-FULL NAME Raymond Strickler Ferguson,

(Residence in Baltimore: No. 1716 N. Fulton avenue, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, July (Month) 1st (Day), 1894. (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 9 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James P. Ferguson,

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Minnie Pyle,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James D. Ferguson, brother,

(Address) 1716 N. Fulton avenue,

15- Filed MAR 5 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot-wound of head, (suicide)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) J. Frederick Kumpel, M. D. (Coroner)

March 4th, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 19....
LOUDON PARK	MAR 6 1915
20-UNDERTAKER ARMSTRONG-DENNY CO.	ADDRESS, 715 Light st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83242

CERTIFICATE OF DEATH.

15 C83242

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N Carlton ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Joseph Kenderth

(Residence in Baltimore: No. 1523 N. Carlton St. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 5, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....da.

If LESS than 1 day, ...hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kenderth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anne Elizabeth Graham

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kenderth

(Address) 1523 N. Carlton St.

15- Filed MAR 6 - 1915, 191.... BARRY O ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 5 1915, to Mch 5 1915, that I saw h[illegible] alive on Mch 5 1915, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum from Cord Umbilical

Dunny Lord

..... (Duration) .....yrs.....mos.....da.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....da.

(Signed) Thos L Tilney M. D.

Mch 5, 1915. (Address) 6 E 39th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Holy Redeemer Cemetery	March 6, 191.5
20-UNDERTAKER	ADDRESS
Henry Hord & Son	134 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83243

CERTIFICATE OF DEATH.

91

C83243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 S. Calvert St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stricker

(Residence in Baltimore: No. 145 S. Calvert St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, March 26, 1837
(Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Francis Brady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Brady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Stricker

(Address) 2029 W. Balto St.

15-

Filed MAR 6 - 1915, 191.. HARRY O. ANDERS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1915, to March 3 1915, that I saw her alive on March 3 1915, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. A. O'Neill M. D.

March 4, 1915. (Address) 108 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery.	March 6, 1915.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Fredk Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C83244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83244

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 W. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice A. Metzel

(Residence in Baltimore: No. 2321 W North Ave St.; 12 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept 23 1834
(Month) (Day) (Year)

7-AGE, 80 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Wm Brooks

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Alice Hannah Jay

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob P. Metzel

(Address) 2321 W North Ave

15-

Filed MAR 6 - 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Mar 3 1915, that I saw her alive on Mar 3 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Broncho-pneumonia)

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Cataracts Scleroses

(Duration) ..... yrs. 0 mos. ..... ds.

(Signed) J. Carroll Fotland M. D.

Mar 5, 1915. (Address) 4 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Mch 6, 1915.
20-UNDERTAKER	ADDRESS
C. A. Fitzpatrick & Co	2131 W North Ave

C83245

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83245

1 PLACE OF DEATH

REGISTERED No. C 79

CITY OF BALTIMORE: (No. 3610 Elm Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Michael D. Barnes

(Residence in Baltimore: No. 3610 Elm Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH: Dec. (Month) 23 (Day) 1842 (Year)

7-AGE: 72 yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Miller
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Howard Co. Md.

PARENTS

10-NAME OF FATHER: Samuel Barnes

11-BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Simpson

13-BIRTHPLACE OF MOTHER (State or country): Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mrs. Annie. Fisher
(Informant)
3010 Elm Ave.
(Address)

15- FILED MAR 6 - 1915, 191 ..... EARAT O ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12, 1914, to, Mar 4, 1915, that I saw him alive on Mar. 3, 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart

(Duration) Several yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Rheumatic Arthritis

(Duration) — yrs. Last (Year) mos. ..... ds.

(Signed), Geo. W. DeHoff M. D.

Mar 5 1915 [Address] 2020 N. Charles St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Mar. 7th. 1915

20-UNDERTAKER: A.S.Marshall — ADDRESS: 3539 Falls Road

N. B.—Every item of information should be carefully supplied. AGE must be given in all cases. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83246

CERTIFICATE OF DEATH.

67 C83246

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 82 Milton ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Collins

(Residence in Baltimore: No. 82 N. Milton ave. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Feb. (Month) ..... (Day), 1846 (Year)

7-AGE. 69 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh Collins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Coyne

(Address) 82 N. Milton ave

15-

Filed MAR 6 - 1915 HENRY O. ANDREWS, Registrar. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3 (Month) ..... 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1912 to March 4 1915 that I saw her alive on March 3d 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cancer

(Duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Entire Colonic

(Duration) Unknown yrs. mos. ds.

(Signed) Edward Redden M. D.

March 5, 1915. (Address) 25 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, March 6, 1915

20-UNDERTAKER John A. Inman ADDRESS Bank & Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83247

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Ha Gen Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kay

(Residence in Baltimore: No. Rock Hall Md (If not, write State.) (Age: 59 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oysterman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ward

(Address) Rock Hall Md

15- MAR 6 - 1915 Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Mar 4 1915, that I saw h alive on Mar 4 1915, and that death occurred, on the date stated above, at 12 00 p.m.

The CAUSE OF DEATH* was as follows:

Senesc. Pneumonitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis (Duration) 2 yrs. mos. ds.

(Signed) Chas. E. Crapster M. D.

Mar 6, 1915. (Address) Maryland General Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Rock Hall, Md

Former or usual residence Rock Hall, Md

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md — DATE OF BURIAL, March 6 1915

20-UNDERTAKER J B Hynes — ADDRESS 374 Wilson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

83248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 (83248

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Garret Hospital ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wallace

(Residence in Baltimore: No. 527 Columbia Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 23, 1908.
(Month) (Day) (Year)

7-AGE, 6 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Charles Wallace

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Estella Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Wallace

(Address) 527 Columbia Ave

15- MAR 6 - 1915

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration).....yrs.....mos.....ds.

(Signed) Jos. J. Sentz M. D.
(Coroner.)

March 5th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State 6 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
527 Columbia Ave

Former or usual residence 527 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Frederick Md	Mar 6, 1915
20-UNDERTAKER	ADDRESS
Tom Crook	Nor E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83249 — 54 — C83249

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1016 Bennett Place ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Dennis

(Residence in Baltimore: No. 1016 Bennit Place- St.: 84 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January 4, 1831 (Month) (Day) (Year)

7-AGE: 84 yrs. 2 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: James McKee

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Agnes McCauley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H Dennis

(Address) 1016 Bennett Place

15- Filed MAR 6 - 1915 191 Robert O. Miranda, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915 to March 4 1915, that I saw h[er] alive on March 4, 1915, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Senility and grief over the loss of her husband ?

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Ehrsham

(Duration) yrs. 2 mos. ds.

(Signed) J. Thomas Nelson M. D.

March 5, 1915 (Address) 11032 Tulip Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: March 7, 1915

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

K·S·A FETTY

Spec.—5-19-13—M. & T.—500 Blks.

C83250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrett Hospital for Children St. ..... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Diez

(Residence in Baltimore: No. 1710 Thames St

St.; 1 yrs., 0 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 12, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Joseph Diaz

11-BIRTHPLACE OF FATHER (State or Country). Spain

12-MAIDEN NAME OF MOTHER Edwards Rodriguez Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C Bacon

(Address) Garrett Hospital.

15- Filed MAR 6 - 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 1915, to March 5 1915, that I saw h[illegible] alive on March 5 1915, and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

*Lobar Pneumonia

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter C Bacon M. D.

3/5/15, 191... (Address) Garrett Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 19 ds. In the State 1 yrs. 0 mos. 21 ds.

Where was disease contracted, if not at place of death? 1710 Thames St

Former or usual residence 1710 Thames St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 6, 191 5.

20-UNDERTAKER W F. Sadowski. ADDRESS 705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

* Bacillary Case of Diphtheria. Case neg. Feb 8. Lobar Pn. day before child died. Gm.

Spec.—5-19-13—M. & T.—500 Bks.

C83251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 45 C83251

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Evans

Residence in Baltimore: No. New York City St; .....yrs. .....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 10, 1870
(Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 23 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Actor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Playwright

9-BIRTHPLACE, (State or Country). Wales

PARENTS.

10-NAME OF FATHER, John Evans

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Elizabeth Downing

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel S. Frear

(Address) New York City.

15- MAR 6 - 1915 ROESSLER . KRAUTER, Burial Permit Clerks

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1915, to Mar 5 1915, that I saw h.m alive on Mar 5 1915, and that death occurred, on the date stated above, at 12.10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas (Clinical)
(not confirmed by autopsy, refused)

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Burns S. Eshelman M. D.

Mar 5, 1915. (Address) 1515 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State — yrs. — mos. 3 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Has been New York City

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greater Dell	3-6, 1915
20-UNDERTAKER H. W. Jenkins Son Co	ADDRESS Orchard McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83252

CERTIFICATE OF DEATH.

30 C83252

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Homewood ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Haynie

(Residence in Baltimore: No. 1925 Homewood ave St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Jan 1, 1901 (Month) (Day) (Year)

7-AGE, 14 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Roswell Haynie

11-BIRTHPLACE OF FATHER (State or Country). Wash. D. C.

12-MAIDEN NAME OF MOTHER Anna Rohleder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roswell Haynie

(Address) 1925 Homewood ave.

15- Filed MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1915, to Mar 5 1915, that I saw him alive on Mar 4 1915, and that death occurred, on the date stated above, at 5 .4 m.

The CAUSE OF DEATH* was as follows:

Meningitis (tuberculosa)

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

....., 1915.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 8, 1915

20-UNDERTAKER Jos. F. Kerr — ADDRESS 1914 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—3-19-15—M. & T.—500 Bks.

C83253 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C83253

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 E. Preston ST.; 8 WARD) REGISTERED No. C

2-FULL NAME Rebecca F. Jennings (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2237 E. Preston St.: 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct. 2nd, 1832 (Month) (Day) (Year)

7-AGE, 82 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Layton

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Phoebe Holbrook

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas A. Burnett

(Address) 2327 E. Preston St

15- Filed MAR 6 - 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4th, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1915, to Feb 4 1915, that I saw her alive on Jan 4 1915, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. 2 mos. 2 ds.

(Signed) C. A. Funk M. D.

Feb, 191... (Address) 2220 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, March 7th, 191 5

UNDERTAKER H. Sander Sons ADDRESS 1710 Pleasant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83254

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

C83254

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1021 Whatcoat street, ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peyton H. Wilson,

(Residence in Baltimore: No. 1021 Whatcoat street, St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, October (Month) 3d (Day), 1914. (Year)

7-AGE, 0 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Peyton H. Wilson, sr.

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Sophia Duncan,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sophia Wilson, mother,
(Address) 1021 Whatcoat street.

15- Filed MAR 6 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

March 5, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	March 5, 1915
20-UNDERTAKER	ADDRESS
Robert-A Elliott	506 Rodgers Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83255

C83255

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3007 Grayson St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Hesse

(Residence in Baltimore: No. 3007 Grayson St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 18, 1852
(Month) (Day) (Year)

7-AGE. 62 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Kuhlman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Fredricka Otto

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. V. Brooks

(Address) Calhoun & Hollins

15- Filed MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 4 1915, that I saw h[illegible] alive on March 4 1915, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(Duration) Hrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 2 ds.

(Signed) Wm. G. Rypanek M. D.

March 5 1915 (Address) 200 S. Collins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park cem. DATE OF BURIAL, March 7, 1915

20-UNDERTAKER Robert Brooks Sons Co ADDRESS S. Calhoun St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83256

CERTIFICATE OF DEATH

92 C83256

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N. Parrish St.: 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Howard

3-(Residence in Baltimore: No. 827 N. Parrish St.; whole life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: Oct. (Month) 4 (Day), 1872 (Year)

7-AGE: 42 yrs. 6 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Employed in grocery store
(b) General nature of industry, business, or establishment in which employed (or employer): Delivering orders

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Eli Howard

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah Williams

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Howard

(Address) 827 N. Parrish St

15- Filed MAR 6 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in every case. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10-, 1915, to, Mar. 3 1915, that I saw h-im alive on Mar. 3 1915, and that death occurred, on the date stated above, at 5-9a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs mos. 21 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Chas. L. McCarthy M. D.

Mar. 4 1915. [Address] 906 N. Stricker St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
W. Laurel	Mch 7, 1915
20-UNDERTAKER	ADDRESS
Sam'l H. Cover Sons	Hyattsville

C83257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

REGISTERED NO. C 83257

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1405 W. Fayette St.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James J. McCanney

(Residence in Baltimore: No. 1405 W. Fayette St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: April (Month) 6 (Day), 1857 (Year)

7 AGE: 57 yrs. 11 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Glass-blower
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Phila. Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. M. Canney
New Cathedral Cem

(Address) 1405 W. Fayette St.

15. MAR 6 - 1915

ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1915, to Mar 5th 1915, that I saw h-- alive on Mar 5th, 1915, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 4 yrs. 6 mos. ds.

Contributory (SECONDARY) Acute Nephritis

(Duration) yrs. mos. 21 ds.

(Signed), Edw. Stummer M. D.

Mar 5th 1915. (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: March 8 1915

20 UNDERTAKER: E. W. Mitchell — ADDRESS: 1201 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83258 103 C83258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1114 Bolton ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Betts Turner

(Residence in Baltimore: No. 1114 Bolton St.; ...yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 11, 1849 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife.

9-BIRTHPLACE, (State or Country), Montgomery Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Culpepper Co Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura E. Turner

(Address) 1114 Bolton St.

15- MAR 6 - 1915 ROBERT . KRAUTER, Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to March 4 1915, that I saw h er alive on March 4 1915, and that death occurred, on the date stated above, at 11-20 P. m.

The CAUSE OF DEATH* was as follows:
Nephritis - Cerebral Sclerosis - Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage of Stomach (Duration) 15 minutes yrs. ..... mos. ..... ds.

(Signed) Thomas Kemp Webb M. D.

March 5, 1915. (Address) 532 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, March 5, 1915.

20-UNDERTAKER Ellwood Mitchell ADDRESS 1608 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83259

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C83259

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 238 W. Lanvale ST.: W WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2 FULL NAME Harry M Little

(Residence in Baltimore: No. 238 W. Lanvale St.; 61 yrs. 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Dec (Month) 23 (Day), 1863 (Year)

7 AGE: 61 yrs. 2 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Livery Stable
(b) General nature of industry, business, or establishment in which employed (or employer): Service

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: John A Little

11 BIRTHPLACE OF FATHER (State or country): Nash D C

12 MAIDEN NAME OF MOTHER: Ann E. Greer

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Blanche I Little

(Address) 238 W. Lanvale

15 MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to March 4 1915, that I saw him alive on March 4, 1915, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Constricted Oesophagus.
(probably Carcinoma ?)
No operation (Duration) ? yrs. ..... mos. ..... ds
" Thyroscopic Exam.

Contributory (SECONDARY)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm B McDonald M. D.
March 5, 1915. (Address) 1309 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: March 7, 1915

20 UNDERTAKER: Eue Mitchell | ADDRESS: 120 N. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83260 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C83260

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1630 N Broadway ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ella Peacock

(Residence in Baltimore: No. 1630 N Broadway St.; ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 16, 1879 (Month) (Day) (Year)

7-AGE: 35 yrs. 11 mos. 16 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Stevenson

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Guy

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar B. Peacock

(Address) Germantown, Pa.

Filed MAR 6 - 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1915, to, March 4th, 1915, that I saw h[er] alive on March 4, 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma.

..... (Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) Diabetes

..... (Duration) ... yrs. 3 mos. ... ds.

(Signed) Clarence A Beuck M. D.

March 6th, 1915 (Address) 2846 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: March 7, 1915

20-UNDERTAKER: Fickler & Fickler | ADDRESS 1739 E. Eager

C 83261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 83261

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Murrymans Lane WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Taylor

(Residence in Baltimore: No. 11 Murrymans Lane St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH, ... Feb (Month) 7 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm Taylor

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 11 Murrymans Lane

15- FILED MAR 6 - 1915 ROBERT . KRAUTH, Burial Permit Clerk. UNIVERSITY OF MARYLAND

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry,) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

Convulsions

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) ..... Harry C Magee M. D.
(Coroner.)

March, 1915. (Address) 3649 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,

DATE OF BURIAL, MAR 5 - 1915

20-UNDERTAKER Commissioner Health.

ADDRESS.....

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083262

CERTIFICATE OF DEATH.

REGISTERED No. C 92 083262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Presbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida White

(Residence in Baltimore: No. 1629 Presbury St.; 53 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June 24th (Month) (Day), 1861 (Year)

7-AGE, 53 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Philip Dowden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Miranda Sanks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aaron White

(Address) 1629 Presebury St

15- Filed MAR 6 1915 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 4th 1915, that I saw her alive on March 4th 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) — yrs. — mos. 4 ds.

(Signed) William J. Swisher M. D.

3/5, 1915. (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn cemetery	March 7, 1915
20-UNDERTAKER	ADDRESS
Geo H Hooper	607 Lisbon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of Cause of Death is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83263 — 91C83263

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Stockton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pinder

(Residence in Baltimore: No. 1014 Stockton St St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	C. [illegible]

6-DATE OF BIRTH, June 23, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Graham Pinder

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Sarah Gorath

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Graham Pinder

(Address) 1014 Stockton St

15- Filed MAR 6 - 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1915, to March 5 1915, that I saw him alive on March 6 - 1915, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ...yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas L. McCarthy M. D

Mar 6, 1915 (Address) 9062 Stockton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, May 5 1915

20-UNDERTAKER Edmund Lynch — ADDRESS 1534 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

C83264

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

67 C83264

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Hanburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Maag

(Residence in Baltimore: No. 623 N Hanburg St.; 3/3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH January (Month) 3 (Day) 1860 (Year)

7-AGE 55 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Michael Maag

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Sophia Hunt

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Maag, wife

(Address) 623 N. Hanburg St

15- MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1915, to, Mar 3 1915, that I saw h.. alive on Mar 3 1915, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

about 4 (Duration) yrs. — mos. — ds.

Contributory (SECONDARY) Acute Uraemia

(Duration) yrs. mos. 30 hrs.

(Signed), Robt P. Schmidt, M. D.

Mar. 5, 1915. [Address] 1315 E. Baltimore St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL Mar 7 1915

20-UNDERTAKER Geo. Weber & Son ADDRESS 330 E. Monument ave

N. B.—Every item must be answered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH

Spec.--5-19-13—M. & T.—500 Bks.

C83265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83265

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Eastern Ave ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Domenic Viola

(Residence in Baltimore: No. 1305 Eastern Ave St.: ....yrs. 7 mos. 13 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 18 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Viola

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Sanfina Darina

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Thomas Viola...

(Address)...1306 Eastern Ave...

15- MAR 6 - 1915 ROBERT . KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified, is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to Feb 5 1915, that I saw h... alive on ....191..., and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar 6, 1915
20-UNDERTAKER	ADDRESS
Kendell Diffel & Son	350 S. Bond

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83266

CERTIFICATE OF DEATH.

92 C83266

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Stuart

(Residence in Baltimore: No. Pratt St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Nov. (Month) ..... (Day), 1886 (Year)

7-AGE. 28 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry

9-BIRTHPLACE. (State or Country), Minn

PARENTS.

10-NAME OF FATHER. Goodor Smith

11-BIRTHPLACE OF FATHER (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Jennet Monroe

13-BIRTHPLACE OF MOTHER (State or Country). Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Mercy Hosp.

(Address) Calvert St.

15- MAR 6 - 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Mar 4 1915, that I saw h[illegible] alive on Mar. 4 1915, and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward E Smith M. D.

Mch 4, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Pratt St

Former or usual residence Pratt St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
COLLEGE OF P. & S.	MAR 6 ....., 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C83267

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Clayton Court St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Counalaugh

(Residence in Baltimore: No. 1609 Clayton Court St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 29, 1891
(Month) (Day) (Year)

7-AGE, 73 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas Jones

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Hanna Clements

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Counalaugh

(Address) 1609 Clayton Court

15- Filed MAR 6 - 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1914, to Mar 4 1915, that I saw h.. alive on Mar 3 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentery
(Amebic)
Indefinite
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) ....yrs. ....mos. 7 ds.

(Signed) R. L. Campbell M. D.

Mar 5, 1915 (Address) 1654 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Mar 8, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1417 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83268

CERTIFICATE OF DEATH.

81 C83268

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S Central Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna R. Bennewitt

(Residence in Baltimore: No. 313 S Central Ave St.; 72 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 15, 1842
(Month) (Day) (Year)

7-AGE, 72 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Louis Rauser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Rice

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Bennewitt

(Address) 313 S Central Ave

15- FILED MAR 6 - 1915, 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Mch 3 1915, that I saw h[er] alive on Mch 3 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arteri-Sclerosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 3 ds.

(Signed) Chas F Blake M. D.

Mch 5, 1915 (Address) 20 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Cemetery	Mar. 7, 1915
20-UNDERTAKER Robert J Turner	ADDRESS 1442 N 13 dway

C83269

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83269

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 216 S Fremont ST.; 22 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Noell

(Residence in Baltimore: No. 216 S Fremont St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 1, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert Noell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Blanche Dickel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Noell

(Address) 216 S Fremont

15- Filed MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. J. Foley M. D.
(Coroner)

March 5, 1915 (Address) 1113 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cemetery — DATE OF BURIAL, Mar 8, 1915

20-UNDERTAKER Robert J Turner — ADDRESS 1417 1/2 Broadway

N.B.—Every item of information should be carefully supplied. AGE must be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 5 C83270

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Anuszewski

(Residence in Baltimore: No. 516 S. Washington St. St.: yrs. 27 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If less than one day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Joseph Anuszewski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski - undertaker.

(Address) 705 S. Ann St.

15- FILED MAR 6 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - Ran over by electric freight car on Eastern Ave. and Bel

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Theo. Blackamber M. D.
(Coroner.)

March 5, 191 5. (Address) 15 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Mar. 9th, 19 15
20-UNDERTAKER M. F. Sadowski,	ADDRESS 705 S. Ann

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83271

CERTIFICATE OF DEATH.

135

C83271

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 710 N. Bethel ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Katherine Sroka

(Residence in Baltimore: No. 710 N. Bethel St.: 6 yrs. 8 mos. ds.)

N. B.—Every item of information should be carefully supplied. Age in CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Not Known (Month), 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Joseph Dziodzio

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Sroka

(Address) 710 N. Bethel St.

15- Filed MAR 6 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

She had been bleeding for a number of hours before the birth of the child and in my belief she died from Uterine Hemorrhage.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones (Coroner.) M. D.

March 5, 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Mar 5, 1915.
20-UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Ann St.

C83272

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83272

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 855½ N. Lambard St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elsie Ender.

(Residence in Baltimore: No. 855½ N. Lambard, St.; 33 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH February 21, 1849
(Month) (Day) (Year)

7 AGE 66 yrs. \ mos. 10 ds. | If LESS than 1 day, \ hrs. or \ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer) none.

9 BIRTHPLACE (State or country) Germany.

PARENTS

10 NAME OF FATHER — Krieger

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ord Ender

(Address) 855½ N. Lambard St

15 Filed MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 3, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1915, to, Mar. 3, 1915, that I saw h alive on Mar. 2, 1915, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) \ yrs. 3 mos. \ ds

Contributory (SECONDARY) Hemiplegia

(Duration) \ yrs. 3 mos. \ ds.

(Signed) Albert J. Chambers, M. D.

Mar. 3, 1915 (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Western Cem. | DATE OF BURIAL Mar. 6, 1915

UNDERTAKER J. E. Cook | ADDRESS 1003 W. Baltimore

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

083273

1 PLACE OF DEATH

Registered No. C 083273

CITY OF BALTIMORE: (No. 1605 E. Biddle St.: 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Albert Loane.

(Residence in Baltimore: No. 1605 E. Biddle St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH July (Month) 4 (Day), 1864 (Year)

7-AGE 50 yrs. 8 mos. — ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Grain Broker

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER George B. Loane

11-BIRTHPLACE OF FATHER (State or country) Baltimore City

12-MAIDEN NAME OF MOTHER Mary Ann Morrison

13-BIRTHPLACE OF MOTHER (State or country) Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence Loane

(Address) 1609 E. North Ave Balto. Md.

15- MAR 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1915, to, March 4th 1915, that I saw h[im] alive on March 4th 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) — yrs — mos. 7½ ds.

Contributory (SECONDARY) Oedema of Lungs. Pneumonia

(Duration) 24 hours mos. — ds.

(Signed) Edgar P. Sandrock M. D.

March 4, 1915 [Address] 1407 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cemy DATE OF BURIAL March 7, 1915

20-UNDERTAKER George J. Smith ADDRESS 1005 Gay St.

N. B.—Everyfact stated in this certificate should be carefully considered before it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83274 — 50 — C83274

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1414 Madison Ave. St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Nyburg

(Residence in Baltimore: No. Plymouth Hall Apts St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, November (Month) ..... (Day), 1856 (Year)

7-AGE	If LESS than 1 day,
58 yrs. ... mos. ... ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph J. Mailhouse

11-BIRTHPLACE OF FATHER (State or Country), Hamburg Germany

12-MAIDEN NAME OF MOTHER Amalia Machaelis

13-BIRTHPLACE OF MOTHER (State or Country), Hanover Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney L. Nyburg

(Address) 2414 Linden Ave.

15- Filed MAR 6 - 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1915, to March 5 1915, that I saw her alive on March 5 1915, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Diabetes
(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia (Duration) ... yrs. ... mos. 7 ds.

(Signed) Julius Friedenwald M. D.

Md. C., 1915. (Address) 1.0.13 A. Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ohel Sholam Cem	3/7..., 1915.

20-UNDERTAKER J. Ahrens Co ADDRESS 1611 Mead Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1083275

1083275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital & Asylum ST.) 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kahn

(Residence in Baltimore: No. Hebrew Hospital & Asylum St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 10 (Day) 1831 1826 (Year)

7-AGE, 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kahn

(Address) Hebrew Home

15- Filed MAR 6 - 1915 ROBERT KRAUTER Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1915, to March 5, 1915, that I saw h im alive on March 4, 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) M. B. Levine M. D.

3/5, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 26 yrs. mos. ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hebrew Hospital & Asylum

Former or usual residence Hebrew Hospital & Asylum

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Hebrew Cem	Mch 7, 191...
20-UNDERTAKER	ADDRESS
Ward Sondheim	18 W Mt Royal

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 083276

CERTIFICATE OF DEATH.

44 083276

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Graff

(Residence in Baltimore: No. 2428 Foster St.; 60 yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 14th, 1854 (Month) (Day) (Year)

7-AGE. 60 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Peter Graff

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Barbara

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Graff

(Address) 2428 Foster Ave

15- Filed MAR 6 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to March 5 1915, that I saw h[illegible] alive on 4 4 1915 and that death occurred, on the date stated above, at 6 20 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Head

Duration 8 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3/6/15, 1915. (Address) 1600 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Mar. 6., 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each Number of Certificate is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1C83277 — 96 C83277

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E. Lafayette Av St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Lorenz

(Residence in Baltimore: No. 2424 E. Lafayette Av St.; 45 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Aug (Month) 26th (Day), 1846 (Year)

7-AGE, 68 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth C. Lorenz

(Address) 2424 E. Lafayette Av

15- Filed MAR 6 - 1915, 191.....

ROBERT KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 5, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 191.5, to March 5, 191.5; that I saw him alive on March 4, 191.5; and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ... yrs. 2 mos. ... ds.

(Signed) William Traill M. D.

..., 191.5. (Address) 1401 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem.	Mar. 8, 191.5
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

C83278

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 C83278

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 712 Stockholm St.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Filling.

(Residence in Baltimore: No. 712 Stockholm St.; ... yrs. ... mos. ... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Dec. (Month) 7. (Day), 1877 (Year)

7-AGE: 37 yrs. 3 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Edward Filling

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Elizabeth Sommerlad

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Filling

(Address) 712 Stockholm

15-Filed MAR 6 - 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1914, to, March 3 1915; that I saw him alive on March 3. 1915; and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ... yrs. 4 mos. ... ds

Contributory (SECONDARY) Cardiac Weakness

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Albert E. Driscoll M. D.

March 5, 1915 (Address) 312 W. Carroll St. City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: Mar. 8, 1915

20-UNDERTAKER: Chas. Dignan & Son | ADDRESS: 1000 E. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83279

CERTIFICATE OF DEATH.

1710 C83279

1-PLACE OF DEATH Hebrew Friendless Inn

CITY OF BALTIMORE: (No. 109 Aisquith ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Kamofsky

(Residence in Baltimore: No. 109 Aisquith St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Novick

(Address) 1224 St Matthews St

15- Filed MAR 7 - 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 6 1915, that I saw her alive on March 5 1915 and that death occurred, on the date stated above, at March 6 5 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 4 yrs. mos. ds.

(Signed) Louis Friedman M. D.

March 6, 1915. (Address) 705 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 109 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, March 7, 1915

20-UNDERTAKER H. Levinson & Bro — ADDRESS 1107 E Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every certificate is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83280

CERTIFICATE OF DEATH.

1915

C83280

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Abrahamson

(Residence in Baltimore: No. 256 N. Exeter St.

St.; yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, November, 1 (Month) (Day) (Year)

7-AGE, 10 yrs. — mos. — ds.

IF LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Boy.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Max Abrahamson

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Annie Kolb.

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Abrahamson

(Address) 256 N. Exeter St.

15 MAR 7 - 1915 Filed ....., 191.

ROBERT . KRAUTER, Burial Permit Clerk. 20

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Struck by automobile

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fractured skull

(Duration) ....yrs. 7 hours mos. ....ds.

(Signed) Thos. Abrahamson M. D. (Coroner)

March 6, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 4 mos. ....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 256 N Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Nat'l Cemetery

DATE OF BURIAL, Mar. 7, 1915

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1107 E. Balto St.

N. B.—Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83281

CERTIFICATE OF DEATH.

77 C83281

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Lynn

(Residence in Baltimore: No. 1714 Latrobe St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 4 (Day), 1877 (Year)

7-AGE, 42 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Johnson Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Symantha Duke

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAR 7 - 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1915, to Mar 5 1915, that I saw h[illegible] alive on Mar. 6 1915 and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

1. Endocarditis with effusion

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Lewis M. D.

Mar 5, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 2 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1714 Latrobe St

Former or usual residence 1714 Latrobe St

19-PLACE OF BURIAL OR REMOVAL, Barber-Ville Va — DATE OF BURIAL, March 7., 1915.

20-UNDERTAKER L L Brown and Son — ADDRESS 108 W. Mosby

Town Bal DRA

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83282

23 120 (83282

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 Winter ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dixon

(Residence in Baltimore: No. 118 Winter St St.; yrs. Unknown mos. ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Unknown

6-DATE OF BIRTH, Unknown (Month), / (Day), ... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Colin Stokes

(Address).....

15- Filed MAR 7 - 1915, 191..... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) Edwin ... M. D. (Coroner.)

March 6 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn A — DATE OF BURIAL, March 7, 1915

20-UNDERTAKER J A Brune & Son — ADDRESS 108 W Monu

C83283

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83283

153

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1036 Raborg St. 18 WARD)

2-FULL NAME Leroy Thomas

(Residence in Baltimore: No. 1036 Raborg St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Infant

6-DATE OF BIRTH, Oct. (Month) 16th (Day), 1914 (Year)

7-AGE, ...yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wm. Thomas

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Mary Woodus

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Thomas

(Address) 1036 Raborg St

15- Filed MAR 7 - 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Bernt Wantberg (Coroner.) M. D.

March 3 1915. (Address) 2302 Madison Ave

*State the: DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, March 17 1915

20-UNDERTAKER A. Jones ADDRESS 201 S. Stre[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83284

CERTIFICATE OF DEATH.

56 C83284

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Schmidt

(Residence in Baltimore: No. 1314 Holbrook St St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Sept 14, 1874 (Month) (Day) (Year)

7-AGE: 40 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mattress Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Margaret Schmidt

(Address) 1314

15- Filed MAR 7 - 1915. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1915, to March 5 1915, that I saw h im alive on March 5 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis Not known

(Duration) yrs. mos. ds.

(Signed) W. L. Henny M. D.

March 5 1915. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1314 Holbrook St

Former or usual residence 1314 Holbrook St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, March 8, 1915.

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence of deceased is important. See instructions on back of certificate.

DAK KO

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83285

CERTIFICATE OF DEATH.

115 C83285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Belle Klein

(Residence in Baltimore: No. 2441 McCulloh St St.; 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 7, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Charles

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levin's

(Address) 1419 E Baltimore St

15- MAR 7 - 1915 ROBERT . KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

CAUSE OF DEATH in plain terms. If not at all important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 2 1915, to Mch 6 1915, that I saw h-r alive on Mch 6 1915, and that death occurred, on the date stated above, at 3.10 p.m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (Contributory)

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Levin M. D.

Mch 6, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 2441 McCulloh St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Washington Rd	3/9, 191.5
20-UNDERTAKER	ADDRESS
Jacob Levin	1419 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83286

CERTIFICATE OF DEATH.

64 C83286

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E. Balto St.; 6 WARD) REGISTERED NO. C

2-FULL NAME Eva M. Eberle

(Residence in Baltimore: No. 2424 E. Balto St.; 59 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec. 14th, 1844 (Month) (Day) (Year)

7-AGE, 70 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Simon Ebert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaretha Rabber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Eberle

(Address) 2424 E. Balto St.

15- Filed MAR 7 - 1915 19... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16th 1914, to March 3rd 1915, that I saw h[er] alive on March 3rd 1915, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 3 ds.

(Signed) Robert S. Kirk M. D.

March 6th 1915. (Address) 100 N. Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Lebanon Cem. DATE OF BURIAL, March 7, 1915

20-UNDERTAKER H. Lander & Son ADDRESS 1710 Pleasant

Spec.—5-19-13—M. & T.—500 Bks.

C83287 HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

C83287

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1016 N Cross ST. 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Bloomfield.

(Residence in Baltimore: No. 1016 N Cross St.; 50 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) widower

6-DATE OF BIRTH, Dec 26th, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), St Louis, Mo

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bessie M. Cox

(Address) 1016 N. Cross St

15- Filed MAR 7 - 1915 ROBERT . KRAUTER Burial Permit Clerk. 191.

Registrar.

CAUSE OF DEATH In plain terms, so that it may be understood. Be particular and full. Name all diseases which may have caused death, or which were important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 6 1915, that I saw him alive on March 6 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Elmer B Freeman M. D.

3-6..., 1915 (Address) 412 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Mar 9th, 191.5

20-UNDERTAKER Joseph B. Cook ADDRESS 1153 N. Gaits St

C83288

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C83483

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 230 S. Gilmor St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle L. Hamson

(Residence in Baltimore: No. 1230 S. Gilmore St.; Life-time yrs. mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
~~3-SEX~~ Female	White	Single

6-DATE OF BIRTH November 5 1908
(Month) (Day) (Year)

7-AGE 6 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Charles C. Hamson

11-BIRTHPLACE OF FATHER (State or country) Howard Co. Md

12-MAIDEN NAME OF MOTHER Effa Purdey

13-BIRTHPLACE OF MOTHER (State or country) Prince George Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles C. Hamson

(Address) 230 S. Gilmor St

15- Filed MAR 7 - 1915 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 6 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915 to, March 6 1915, that I saw her alive on March 5 1915, and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Influenza (La Grippe)

(Duration) - yrs. - mos. 7 ds.

Contributory (SECONDARY) Acute Endocarditis

(Duration) - yrs. - mos. 3 ds.

(Signed) Henry B. Uhle M.D.

March 6 1915 [Address] 1203 W. Fayette St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park. DATE OF BURIAL Mar. 9th 1915

20-UNDERTAKER Wm. H. Ward ADDRESS 1003 W. Balto St

N. B.—Everyone in charge of a dead body must carefully inquire into the facts and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83289

1 PLACE OF DEATH

42 C83289

REGISTERED No. C .....

CITY OF BALTIMORE (No. 943 Homestead ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Hart

(Residence in Baltimore: No. 943 Homestead ST.: ... yrs. 3 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: autumn (Month) ... (Day) 1855 (Year)

7-AGE: 60 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Bowell

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Tobin

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. M. Norton

(Address) 943 Homestead St

15- MAR 7 - 1915

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch ... 5 ..., 1915
(Month) ... (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1915, to, Mch 5 1915.

that I saw h-e alive on Mch 2, 1915.

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

No operation

" Microscopic Examination (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Harry Boyd ... M. D.

Mch 6, 1915 (Address) 1014 E Lovedale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: March 8, 1915

20-UNDERTAKER: E A Niedfeldt — ADDRESS: Greenmount Ave.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83290 × 45 C83290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Guy Winns

(Residence in Baltimore: No. Easter St. 6. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1877 (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Basil Winns

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Rosetta Gates

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Winns

(Address) Wilson N. C.

15- Filed MAR 7 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms so that a lay person can understand it. Name of disease alone not sufficient. If from accident, state how it occurred. If from violence, state whether accidental, suicidal or homicidal. If from disease of a woman, state whether single, married, widowed or divorced. If from any disease peculiar to children, state whether legitimate or illegitimate. All of these facts are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1915, to March 7 1915, that I saw h.. alive on March 7 1915, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia and General Intoxication

Operation..... (Duration).....yrs.....mos.10.ds.

CONTRIBUTORY (Secondary) Pelvic Cellulitis of Uterus

of 3 mos. (Duration).....yrs.1.mos.....ds.

(Signed) Edward Winns M. D.

3-7-, 1915. (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 30 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence Easter N. C.

19-PLACE OF BURIAL, OR REMOVAL: Tolecasin, N. C. DATE OF BURIAL, March 7, 1915

20-UNDERTAKER: Chas F. Evans & Son ADDRESS 118 W Mt Royal

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083291

CERTIFICATE OF DEATH.

13 4 083291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Oak Hill ave ST.) 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Tellitha Stiegler

(Residence in Baltimore: No. 1925 Oak Hill ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 2nd, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 0 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas S. Eastes

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Jane E. Warfel

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Stiegler

(Address) 1925 Oak Hill ave

15- MAR 7 - 1915 Filed ..... 191.....

ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1914, to Mch 5 1915, that I saw h.. alive on Mch 5 1915, and that death occurred, on the date stated above, at 145 a. m.

The CAUSE OF DEATH* was as follows:

Cancer mamma of Breast

Metastasis

Malignant Disease Ovary

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cancer mamma of Breast

(Duration) 5 yrs. ....mos. ....ds.

(Signed) R. P. Cannon M. D.

Mch 6, 1915. (Address) 1201 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, 3/8/, 1915

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson ave

083292

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 083292

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Port St.: 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonia M. Drouse

(Residence in Baltimore: No. 6 N. Port St.; 24 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 26th, 1870 (Month) (Day) (Year)

7-AGE: 44 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Midwife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Austria

PARENTS

10-NAME OF FATHER: Peter Gregor

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Mari Svoboda

13-BIRTHPLACE OF MOTHER (State or country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Mrs M. Gregor
(Informant)

(Address) 214 N. Madeira str

15- Filed MAR 7 - 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 5th, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4th, 1915, to March 5th, 1915, that I saw h[er] alive on March 5th, 1915, and that death occurred, on the date stated above, at 2.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 1 yrs. ..... mos. ..... ds. (Duration)

Contributory (SECONDARY) Cerebral Hemorrhage 1 (Duration) yrs. ..... mos. ..... ds.

(Signed) Theodore A. Meyer M. D.

March 5th, 1915 [Address] 1031 N. Caroline str

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Hill	March 8, 1915
20-UNDERTAKER	ADDRESS
Jas. L. Crouch Son	1904 Eutaw pl

N. B.—Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sp[illegible]—5-19-13—M. & T.—500 Bks.

C83293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83293

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Lancaster St.; 3 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Blazek

(Residence in Baltimore: No. 1509 Lancaster St. 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Not Known (Month) 1 (Day) ..... (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Vaclav Kestranek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolf Blazek

(Address) 1509 Lancaster st

15- Filed MAR 7 - 1915 ROBERT . KRAUTER, 191... Burial Permit O.K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/9/15 191, to 3/5/15 191, that I saw h[illegible] alive on 3/5/15 191, and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:

a Pneumonia F. Hypostatic

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebritis

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

3/6/15, 191... (Address) 2115 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Mar 8, 1915

20-UNDERTAKER Frank Brach & Son — ADDRESS 1904 East End Ave

CAUSE OF DEATH to be plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83294

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 S Charles ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Bradley

(Residence in Baltimore: No. 1807 S Charles St. 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, 10 (Month) – 20 (Day) – 1845 (Year)

7-AGE, 69 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Bradley

(Address) 1807 S Charles St

15- Filed MAR 7 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in public cases, or when a coroner's case is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1915, to March 5 1916, that I saw h.. alive on March 5 1915, and that death occurred, on the date stated above, at 8.4 m.

The CAUSE OF DEATH* was as follows:

Morbid Stenosis

..... (Duration) ..yrs. ..mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bright

..... (Duration) ..yrs. ..mos. 7 ds.

(Signed) W H Cummins M. D.

March 6, 1915. (Address) 735 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..dy.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Comm	March 8, 1915

20-UNDERTAKER, ADDRESS

Jno. F. Rheudasil 738 Light St

C83295

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 C83295

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1002 E. Preston ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Scarborough

(Residence in Baltimore: No. 1002 E. Preston St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH May (Month) 5 (Day), 1870 (Year)

7-AGE 44 yrs. 10 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Patrick Kearney

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Donohue

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Klein

(Address) 1004 E. Preston

15- Filed MAR 7 - 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1915, to. March 5 1915, that I saw her alive on March 5, 1915, and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows:

x

Cancer of rectum

Operation + Microscopic Exam.

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Cancer of brain (metastatic)

(Duration) yrs. 3 mos. ds.

(Signed), Hubert C. Knapp. M. D.

March 6, 1915 (Address) 1716 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loraine Cemetery | DATE OF BURIAL March 7, 1915

20-UNDERTAKER A. F. Tickner & Son | ADDRESS Penna Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83296

CERTIFICATE OF DEATH.

164 C83296

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Cornett

(Residence in Baltimore: No. 42 Merryman Ave. Waverly Md St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 7, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Yates

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Cunningham

(Address) J. H. Hosp.

15- Filed MAR 7 1915 191. ROBERT F. KRAUTER, Burial Permit Clerk
Registrar.

CAUSE OF DEATH. This information is required for the registration of the cause of death, and is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 5, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Mar 5 1915,
that I saw her alive on Mar 5 1915,
and that death occurred, on the date stated above, at 4:37 P.M.
The CAUSE OF DEATH* was as follows:
Peritonitis & paralytic ileus

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia (b) Bronchopneumonia

(Duration) ....yrs. ....mos. 1/2 ds.

(Signed) H. M. Wagner M. D.
Mar 5, 1915 (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 ds. In the State 34 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 42 Merryman Lane Waverly Md

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery
DATE OF BURIAL, Mar 8, 1915

20-UNDERTAKER Geo. H. Holland
ADDRESS 517 Robert St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83297 — 105 — C83297

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 538 W. Mulberry St.; 14 WARD)

2-FULL NAME Wm J. Johnson

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 538 W. Mulberry St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: ~ December, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Wm C. Johnson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Harriet S. Anderson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Harriett S. Johnson

(Address) 538 W. Mulberry St.

15- MAR 7 - 1915 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 5th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/5, 1915, to 3/5 1915, that I saw h— alive on 3/5, 1915, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Ch. Gastro - Enteritis
(Patient also had Pneumonia)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Barnett Le Roy Butler M. D.

3/6, 1915 (Address) 713 Eutaw St. Apt 6

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Mar. 8th, 1915

20-UNDERTAKER: George H. Holland — ADDRESS: 517 Robert St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83298 — 79 C83298

CERTIFICATE OF DEATH

C83298 — REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Light St.; WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernhardt J. Siedemann

(Residence in Baltimore: No. 1603 Light St.; 40 yrs. ..... mos. ..... ds.)

N. B.—Every question must be answered, and the space left blank only when information cannot be obtained. Exact statement of OCCUPATION may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 10 (Day), 1850 (Year)

7-AGE: 65 yrs. 0 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. B. J. Siedemann

(Address) 1603 Light St.

15- FILED MAR 7 1915 HOWARD A. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22, 1914, to Mar 5 1915, that I saw h.im alive on Mar 5 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Senile Myocarditis

(Duration) ..... yrs. 2 mos. 15 ds.

(Signed) J. F. Hoffmann M. D.

Mar. 6 1915 [Address] 1618 Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: 3/8 1915

20-UNDERTAKER: J. Frank McCully

ADDRESS: 39 E. Fort

ENERAL AFFIDAVIT — The Daily Record Co., Print, Baltimore, Md.

State of Maryland, City of Baltimore To Wit:

BE IT REMEMBERED, That on this 11th day of March

A. D. 1915, before me, the subscriber, a Notary Public

of the said state, in and for the City aforesaid, personally appeared

J. F. Hawkins M.D.

and made oath in due form of law that in regard to the death

of Department would give me in relation

of Bernhardt J. Fiedeman deceased

March 5th 1915 at Battle Creek, Mich. That

State deceased was single when

for he was married,

Dr. J. F. Hawkins

Augustus W. Bradford

Notary Public.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83299

CERTIFICATE OF DEATH.

10 C83299

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Vaughn

(Residence in Baltimore: No. St Josephs Hospital St.; 9 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Single

6-DATE OF BIRTH, Nov 29, 1857
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 3 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. Vaughn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cath. O'Connell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R Geraghty MD

(Address) St Jos. Hosp.

15- MAR 7 - 1915 ROBERT . ERADTER
Filed....., 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 6 1915, that I saw her alive on March 6 1915, and that death occurred, on the date stated above, at 10 8 m.

The CAUSE OF DEATH was as follows:*

Lobar Pneumonia

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration).....yrs.....mos. 7 ds.

(Signed) Wm R Geraghty M. D.

3/6, 191.5 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 57 yrs. mos. ds.

Where was disease contracted, if not at place of death? At St. Js. Hosp.

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	March 9, 1915
20-UNDERTAKER Henry Hirsch Son	ADDRESS 130 E Eager St

8 C83300

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83309

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 558 Mosher St ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Clarence C Russell

(Residence in Baltimore: No. 558 Mosher St St.; ..... yrs. ..... mos. 4½ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH June 26, 1879
(Month) (Day) (Year)

7-AGE 35 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Tea Store

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER William H Russell

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Violet Murdock

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Master Russell

(Address) 558 mosher St

15- Filed MAR 7 - 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28, 1915, to, March 5 1915, that I saw h alive on March 4 1915, and that death occurred, on the date stated above, at 8 5/15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw J Krauter M. D.

Mar 5, 1915. [Address] 548 Mosher St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mar 8, 1915

20-UNDERTAKER James H Dunn ADDRESS 1303 Pennsylvania

SEE CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83301

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 C83301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Dallas ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Allen

(Residence in Baltimore: No. 1705 N Dallas, St.; 51 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Mar - 15 - 1863 (Month) (Day) (Year)

7-AGE. 51 yrs. 11 mos. 17 ds. If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Woodbridge

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Brown

(Address) 1705 N. Dallas St

15- Filed MAR 7 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar - 4, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1915, to Mar 4 1915, that I saw her alive on Mar 4 1915, and that death occurred, on the date stated above, at 6:30 AM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 5 yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Lee Girth

(Duration) ..... yrs. one mos. 4 ds.

(Signed) F. C. Lewis M. D.

Mar 5, 1915 (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Mar 7 1915
20-UNDERTAKER	ADDRESS
Louis H. Dimmes	707 Eastern

C85302

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

C85302

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 557 Mosher street, St. 14 WARD)

2-FULL NAME Charles E. Wilson,

(Residence in Baltimore: No. 557 Mosher street, St.; yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, January (Month) 11th (Day), 1863. (Year)

7-AGE, 52 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, ? ? Wilson,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Wilson, daughter,

(Address) 557 Mosher street.

15- Filed MAR 7 - 1915 ROBERT . KRAUTER, Municipal Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) unknown, mos. ds.

(Signed) J. Frederick Mengel M. D.
(Coroner)

Mar. 5, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 8. 1915
20-UNDERTAKER	ADDRESS
James H Dunn	1213 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C88303 — 40 C88303

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 So. Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann E. Werner

(Residence in Baltimore: No. 1650 Payson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ? (Month) ? (Day) 1? (Year)

7-AGE,	If LESS than 1 day,
71 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John P. Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Rachel Greenmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha Andrews

(Address) 16 So. Payson

15- Filed MAR 7 - 1915, ROBERT . KRAUTH, Burial Permit Clerk.

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, to March 5 1915, that I saw her alive on March 5 1915, and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach, Peritonitis

Duration: 8 mos.

CONTRIBUTORY (Secondary) Exhaustion

Duration: 1 mos.

(Signed) P. M. Lawrence Price M. D.

March 6, 1915. (Address) 1211 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	3-8, 1915

20-UNDERTAKER John Cook ADDRESS 506 N. Ay

Spec'l.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83304 C83304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Maryland General Hosp. St.) 3 (WARD) 28 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Todd

(Residence in Baltimore: No. 92 Bromley St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug (Month) 2d (Day), 1863 (Year)

7-AGE, 51 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Todd Jr.

(Address) 1606 E. Lombard

15- Filed MAR 7 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1915, to Mar 6 1915, that I saw h alive on Mar 6 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart & Kidneys

Pericarditis (Duration) yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Phthisis

(Duration) yrs. 2 mos. 4 ds.

(Signed) Chas. E. Cheatham M. D.

Mar 6, 1915 (Address) 1111 Asen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 92 Bromley St

Former or usual residence 92 Bromley St Balto Md

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, 7/8, 1915

20-UNDERTAKER M Cook.

ADDRESS 502 E Monty

Spec.—8-24-14—M. & T.—2000 Bks.

C86305

HEALTH DEPARTMENT—CITY OF BALTIMORE

C86305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Roy Berans

(Residence ~~in Baltimore.~~ No. Laurel, Md. St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) Unknown (Day) ..... (Year) 1...

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Berans

11-BIRTHPLACE OF FATHER (State or Country) Michigan

12-MAIDEN NAME OF MOTHER Julia Biddle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stewart Berans

(Address) Laurel Md

15-

Filed MAR 8 - 1915, 191... HARRY O. ANDREWS, Assistant Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 6 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 5 1915, to Mar. 6 1915, that I saw h m alive on Mar. 6 1915 and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer

Operation 3/6/1915

about (Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) General Contusion

about (Duration) ...yrs. ...mos. 3 ds.

(Signed) Edward D. Lunt M. D.

Mch 6., 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Laurel Md

Former or usual residence Laurel Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, 9 ..., 191...

20-UNDERTAKER Williams Cook ADDRESS 502 E North Ave

Arrival Md.

Important. See instructions on back of certificate.

C83305 HEALTH DEPARTMENT—CITY OF BALTIMORE 156 C83306

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hosp ST.: 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis H Schroder

Residence in Baltimore: No. 1826 N Pork St.: yrs., mos. ds.)

Nurse to Tuberculosis Ward Mission ex Francis Schroder

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 2, 1876
(Month) (Day) (Year)

7-AGE, 38 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Francis H Schroder Sr

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Sarah Rubstein

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Kate Schroder
(Address) 1826 Pork St

15- Filed MAR 8 - 1915, 191... HARRY O. ... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia Sec

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Clyde L Powell M. D.
(Coroner.)
March 6, 1915. (Address) 113 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	3/9, 1915.
20-UNDERTAKER Wm Boots	ADDRESS 502 S Broadway

CAUSE OF DEATH. In plain words, giving full name of disease, and not mere symptom or mode of dying. Also state whether from accident, suicide or homicide. Fill all blanks with information as full and definite as possible. All are important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83307

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83307

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1377 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Hatkins.

(Residence in Baltimore: No. 1377 Whatcoat St.; 1 yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec 2, 1913.
(Month) (Day) (Year)

7-AGE, One yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, John Hatkins

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mamie Douglas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hatkins

(Address) 1377 Whatcoat St

15-

Filed MAR 8 1915, 191. HENRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1915, to Mar 191, that I saw her alive on Mar 6th 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

Mar 7th 1915. (Address) 1501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
MD Auburn	Mar 9, 1915
20-UNDERTAKER James F. Dennis	ADDRESS 1303 Preston

Important. See instructions on back of Certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83308

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83308

CERTIFICATE OF DEATH

1-PLACE OF DEATH Hebrew Hospital — 76

CITY OF BALTIMORE: (No. 5 St.; 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beckie Levine

(Residence in Baltimore: No. 108 North Eden St. St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	single

6-DATE OF BIRTH, Unknown (Month) (Day), 1908 (Year)

7-AGE, 7 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: school
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Max Levine

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Barr

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Barr

(Address) 15 a W. Eden st

15- Filed MAR 8 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 7, 1915, that I saw her alive on March 7, 1915, and that death occurred, on the date stated above, at 6-05 P.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Meningitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Probably Otitis Media

(Duration) yrs. mos. ds.

(Signed) M. B. Levine M. D.

March 7, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? At 108 N. Eden St

Former or usual residence 108 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel — DATE OF BURIAL, Mar. 9, 191...

20-UNDERTAKER S. Levin & Bro — ADDRESS 1107 E Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83309

CERTIFICATE OF DEATH.

92 C83309

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 511 E. Fort Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernettie Dougherty.

(Residence in Baltimore: No. 511 E. Fort Ave. St.: — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Don't Know (Month) (Day) (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Tangier Island Va.

PARENTS.

10-NAME OF FATHER: John Thomas.

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Jane Parks.

13-BIRTHPLACE OF MOTHER, (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac D. Dougherty Husband

(Address) 511 E. Fort Ave.

15-

Filed MAR 8 - 1915, 191... HARRY O. ANDREWS, Registrar. Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 6 1915, that I saw her alive on March 6 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Sidney H. Strauss M. D.

March 7, 1915. (Address) 431 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Crisfield Md. DATE OF BURIAL: March 8, 1915.

20-UNDERTAKER: Edw. L. Fanning ADDRESS: 460 Battery Av

Spec.—8-24-14—M. & T.—2000 Bks.

C83310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (Maryland General Hospital St.; 11 WARD)

REGISTERED NO. C 83310

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Clark

(Residence in Baltimore: No. 928 Mason St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Black	married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
29 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Campbell

(Address) 928 Mason alley

15- MAR 8 - 1915 Filed....., 191.. BARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to March 3 1915, that I saw him alive on March 3 1915, and that death occurred, on the date stated above, at 10 45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

..... (Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Right Femoral Phlebitis

..... (Duration) — yrs. 2 mos. ..... ds.

(Signed) John S. Fomlow M. D.

3/4/, 1915. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 928 Mason St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	March 8., 1915.

20-UNDERTAKER	ADDRESS
Robert A. Elliott	506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C8331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

142 C8331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Gen'l Hosp ST.; 13 WARD)

2-FULL NAME Richard Henry Akehurst

(Residence in Baltimore: No. 4405 Falls Rd St.; ...yrs.,...mos.,...da.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Husband

6-DATE OF BIRTH, Oct. (Month) 26 (Day), 1834 (Year)

7-AGE. 80 yrs. 4 mos. 8 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Farmer. (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Henry Akehurst

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md

12-MAIDEN NAME OF MOTHER Jane Hall

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas L. Akehurst

(Address) 4405 Falls Road

15-

MAR 8 - 1915

HARRY O. ANDREAE

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 191 5 to March 6 191 5, that I saw him alive on March 6 191 5, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Cachexia

(Duration)...yrs...mos. 2 da.

CONTRIBUTORY (Secondary) Senile Gangrene

(Duration) 2 yrs. mos. da.

(Signed) Gerlach Lowe M. D.

3 E ....., 191 5 (Address) Md Gen'l Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos. 12 da. In the State...yrs...mos. 12 da.

Where was disease contracted, if not at place of death? Asylum

Former or usual residence 4405 Falls Rd.

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet DATE OF BURIAL Mar 8, 191 5

20-UNDERTAKER H. S. Marshall ADDRESS 2539 Falls Rd

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83312

1PLACE OF DEATH

CERTIFICATE OF DEATH

120

C83312

REGISTERED No. C.....

CITY OF BALTIMORE (No. 2234 Brookfield Ave., ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stevens T. MacDonald

(Residence in Baltimore: No. 2234 Brookfield Ave., St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 20th., (Day) 1835 (Year)

7-AGE: 79 yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: William P. MacDonald

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Lightfoot

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah J. MacDonald

(Address) 2234 Brookfield Ave.

MAR 8 - 1915 Filed ....., 191.... Burial Permit Oleo

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 6th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1915 to March 6th 1915.

that I saw him alive on January 5th 1915.

and that death occurred, on the date stated above, at 2-30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) General anasarca

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Ch. Nicholls M. D.

March 7th, 1915 (Address) 401 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	March 8, 1915

20-UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83313

CERTIFICATE OF DEATH.

× 64

C83313

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas O'Neil

(Residence in Baltimore: No. 16 Fear Ave Arlington Balto Co. (Or Length of Residence in City, Town or County.....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70(?) yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Do

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick O'Neil

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Katherine ?

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15-

Filed MAR 8 - 1915, 191..... HARRY O. ANDREWS, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 8, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Mar 8 1915, that I saw h.m alive on Mar 8 1915, and that death occurred, on the date stated above, at 4.05 p.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Duration) yrs. mos. ds.

(Signed) Edward L. Stuart M. D.

Mar 8, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 67 yrs. mos. ds.

Where was disease contracted, if not at place of death? 16 Fear Ave

Former or usual residence 16 Fear Ave

19-PLACE OF BURIAL, OR REMOVAL, St. Peters — DATE OF BURIAL, Mar 10th, 1915

20-UNDERTAKER H. W. Lauthoff ADDRESS Gold & Monument Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Pennsylvania Ave. St.; 17 WARD)

REGISTERED No. C 99 C83314

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Sturm

(Residence in Baltimore: No. 827 Penna Ave — St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Aug. (Month) 16 (Day), 1862 (Year)

7-AGE, 52 yrs. 6 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred Heuschel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina Bergman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Sturm

(Address) 827 Penna Ave.

15- Filed MAR 8 - 1915 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1915, to March 6 1915, that I saw h[illegible] alive on Mch 6 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Dis.
Chron. Ca. Left Breast - Exhaustion

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Debilitation

(Duration) [illegible] yrs. [illegible] mos. ..... ds.

(Signed) C. E. Fuller M. D.

March 6, 1915 (Address) 1119 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 9, 1915

20-UNDERTAKER Harry C. Ethlen ADDRESS 1900 W. Northern

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83315 — C83315

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 W. Fayette ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Joseph Stumpf

(Residence in Baltimore: No. 928 W. Fayette St.; 15 yrs., 6 mos. — ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	single

6-DATE OF BIRTH, February 12, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. — mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John W. Stumpf

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Boltz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Riland, Md.

(Address) 2532 Edmondson Ave.

15- Filed MAR 8 - 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 18 1915, to March 6 1915, that I saw him alive on March 5 1915, and that death occurred, on the date stated above, at 3:48 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary and laryngeal tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chester Riland M. D.

3-6-, 191.5 (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Mch 9, 1915
20-UNDERTAKER Harry W. Ellen	ADDRESS 1411 N. Monroe

C83316

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

C83316

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 Holbrook St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wist

(Residence in Baltimore: No. 16 E. Holbrook St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Apr. (Month) 30 (Day), 1856 (Year)

7-AGE 58 yrs. 11 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Wist

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Barbara Wist

(Address) 16 16 Holbrook St

15- Filed MAR 8 - 1915, 191

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1915, to Mar 6, 1915, that I saw h[e] alive on Mar 5, 1915, and that death occurred on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uraemia

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Several years

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Friedenwald M. D.

Mar 7, 1915 (Address) 1165 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Mch 9, 1915
20-UNDERTAKER Harry W. Ecker	ADDRESS 1911 W. Mulberry

Every item of information called for should be given, and may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—

FILED

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83317 — 28 — C83317

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Bond ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Berman

(Residence in Baltimore: No. 217 N. Bond St. St.; 19 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December, 1895
(Month) (Day) (Year)

7-AGE, 19 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work /
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, B. Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Minnie Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Friend

(Address) 1419 E Balto

15-
Filed MAR 8 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915 at intervals to March 6 1915, that I saw him alive on March 6 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

Laryngeal Tuberculosis

None

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank R. Smith M. D.

March 7, 1915. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd — DATE OF BURIAL, 3/8, 1915

20-UNDERTAKER Jack Levin — ADDRESS 1419 E Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83318

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 C83318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Bethel ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arella Jaynes

(Residence in Baltimore: No. 403 N Bethel Street St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 42 yrs. ... mos. ... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Farmington Md

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country), Farmington Md

12-MAIDEN NAME OF MOTHER Rachel White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lonnie Jaynes

(Address) 1463 N Bethel St

15-

Filed MAR 8 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 28 1915, to March 6 1915, that I saw her alive on March 6 1915, and that death occurred, on the date stated above, at 4 A.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ...yrs. ...mos. ...ds.

(Signed) D.H.E. Campbell M. D.

March 8, 1915. (Address) 1369 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md | DATE OF BURIAL, March 8, 1915

20-UNDERTAKER R. E. Grace | ADDRESS 1405 McElderry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83319 HEALTH DEPARTMENT—CITY OF BALTIMORE C83319

CERTIFICATE OF DEATH.

8 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Byrne (Mrs)

(Residence in Baltimore: No. 1519 Bolton St St.; ___ yrs., ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Docherty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mc Geeny

(Address) 1711 N Bond St

15- MAR 8 - 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to March 6 1915, that I saw her alive on March 6 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobaris

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) T. B. Ulcer of Intestine

(Duration) Do not know yrs. ..... mos. ..... ds.

(Signed) Wm. C. Draught M. D.

3/16..., 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1519 Bolton St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Mar 9, 1915

20-UNDERTAKER	ADDRESS
Kahl Kramer	1442 N Bway

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83320

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83320

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. Carlton & Hoffman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Keighan

(Residence in Baltimore: No. 1209 N Bond St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown, 1852 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborman
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Keyhan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anna Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Keighan

(Address) Phila. Pa.

15-

Filed MAR 8 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to March 7 1915, that I saw h[im] alive on March 7 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated Femural hernia: Operation at 11.30 P.M. March 6, 1915

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) W W Bishop M. D.

3-7, 1915. (Address) 1 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1209 N Bond St

Former or usual residence 1209 N Bond St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cem.	March 9, 1915
20-UNDERTAKER Lilly & Geiler	ADDRESS 4033 Wolfe St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83321

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83321

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 W. Mulberry ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Pond Hilton

(Residence in Baltimore: No. 939 W. Mulberry St. St. 10 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 24, 1867.
(Month) (Day) (Year)

7-AGE, 47 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William M. Hilton

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md.

12-MAIDEN NAME OF MOTHER Kathryn Bohana

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie P. Hilton

(Address) 939 W. Mulberry St

15-

Filed MAR 8 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1914, to March 7 1915, that I saw h[illegible] alive on March 6 1915, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Mammary Gland.

Microscopic Exam. Made (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pyaemia (Duration) ... yrs. 2 mos. ... ds.

(Signed) F. McCarrier M. D.

March 7, 1915. (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys City St Marys Co Md.

DATE OF BURIAL, March 9, 1915

20-UNDERTAKER George J. Smith

ADDRESS Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83322 C83322

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Gent Hosp ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Green

(Residence in Baltimore: No. 1534 Shield's Alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, About 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cement worker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country), " " "

12-MAIDEN NAME OF MOTHER " " "

13-BIRTHPLACE OF MOTHER (State or Country), " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. L. Wright, Supt.

(Address) Md General Hospital

15- MAR 8 - 1915 HARRY O. ... Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE ~~OF DEATH~~, March 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25, 1915, to March 5, 1915, that I saw ~~him~~ alive on March 4, 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Cardiac Asthenia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. ? mos. ds.

(Signed) D. Carbee Kaye M. D.

March 5, 1915. (Address) Mary Gent Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. 6 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1534 Shields alley

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND

DATE OF BURIAL, MAR 8 1915, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

Important.—See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83323

CERTIFICATE OF DEATH.

28 C83323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N Bradford ST.; 8 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wade H. Wilson

(Residence in Baltimore: No. 1203 N Bradford St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 5 — (Month), 1876 (Day) (Year)

7-AGE 38 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry W. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Williams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wilson

(Address) 1203 N Bradford St

15- Filed MAR 8 - 1915 HARRY O ANDREWS, Burial Permit Clerk. 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1915, to March 6 1915, that I saw h[illegible] alive on March 6 1915, and that death occurred, on the date stated above, at 7 P, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. H. Hewson M. D.

March 6, 1915 (Address) 1201 N Pat Fuller

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 9, 1915

20-UNDERTAKER H. C. Mudefield — ADDRESS 914 Greenmount Av

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83324 X108 C83324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. V. Louise Warner

(Residence in Baltimore: No. 320 So. Highland Ave. St.: ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Mar.

6-DATE OF BIRTH, March 26, 1868 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
53 yrs. 11 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Cumberland, Pa.

PARENTS.

10-NAME OF FATHER, J. D. Eisenberger

11-BIRTHPLACE OF FATHER (State or Country) ~~Md~~ Cumberland, Pa.

12-MAIDEN NAME OF MOTHER Sara Hink

13-BIRTHPLACE OF MOTHER (State or Country), York Co. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. L. Warner

(Address) 320 S. Highland Ave

15-

Filed MAR 8 1915 191.. HARRY O. ANDREWS, Special Permit Clerk.

Registrar.

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to Mar 6 1915, that I saw h~~e~~r alive on Mar. 6 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia due to cancer

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) one minute ~~yrs. mos.~~ ds.

(Signed) Edwin T. Davis M. D.

....., 191... (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 320 S. Highland Ave

Former or usual residence 320 S. Highland Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park	March 9th 1915
20-UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St

C83325

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

C83325

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Collington Ave. WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Pohl

(Residence in Baltimore: No. 835 N. Collington Ave St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH November (Month) 9 (Day) 1850 (Year)

7-AGE 64 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Not known

11-BIRTHPLACE OF FATHER (State or country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or country) Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Frank H. Pohl

(Address) 835 N. Collington Ave

15- MAR 8 - 1915 Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27, 1914 to March 5 1915, that I saw her alive on March 4 1915, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

No Operation (Duration) yrs. 9 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed), Henry C. Ehle M. D.

March 5 1915 [Address] 1203 W. Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL March 8, 1915

20-UNDERTAKER H. Sander & Sons

ADDRESS 1210 E. Pratt St

STATE CAUSE OF DEATH in plain terms, as directed on back of certificate.
TION is very important. See instructions on back of certificate.

C83326

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

C83326

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 568 Numsen street, ST. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Baynor,

(Residence in Baltimore: No. 568 Numsen street, St.—yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 5th (Day), 1878. (Year)

7-AGE, 37 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House servant,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, James Baynor,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Sallie Lowry,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Taylor,

(Address) 566 Numsen street.

15- Filed MAR 8 - 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frank Kreibel M. D.
(Coroner.)

March 8, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	March 7, 1915
20-UNDERTAKER	ADDRESS
Charles B Ines	504 Rogers

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83327

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83327

CERTIFICATE OF DEATH.

105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Hilker

(Residence in Baltimore: No. 806 Somerset St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 25 (Day) 1836 (Year)

7-AGE, 75 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Casper Tuman

11-BIRTHPLACE OF FATHER (State or Country), German

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. G. Hilker

(Address) 806 Somerset St

15-

Filed ..... 191.... HARRY O. ANDREWS, Registrar. MAR 8 - 1915 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1914, to Mar 8 1915, that I saw her alive on Mar 8 1915, and that death occurred, on the date stated above, at 11, A m.

The CAUSE OF DEATH* was as follows:

Chronic Diarrhea

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY. Arteria Sclerosis
(Secondary)

(Duration) about 5 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Mar 8, 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 6 mos. 11 ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 806 Somerset St

Former or usual residence 806 Somerset St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	March 11th 1915

20-UNDERTAKER	ADDRESS
Henry Troeller, Son	301 E. Eager St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83328

1 PLACE OF DEATH

CERTIFICATE OF DEATH

74

REGISTERED No. C 83328

CITY OF BALTIMORE (No. 1430 W. Lombard ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter B. Small

(Residence in Baltimore: No. 1430 W Lombard St.: 62 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Feb. 20, 1853 (Month) (Day) (Year)

7-AGE 62 yrs. — mos. 13 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Hagerstown Md

PARENTS

10-NAME OF FATHER: Peter B. Small

11-BIRTHPLACE OF FATHER (State or country): Pa Connellsburg Pa

12-MAIDEN NAME OF MOTHER: Sarah Lang

13-BIRTHPLACE OF MOTHER (State or country): Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma V. Small

(Address) 1430 W. Lombard St

15. Filed MAR 8 - 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 5, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1914, to Mar. 5, 1915

that I saw h[illegible] alive on Mar. 2, 1915

and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Hd Disease

My Attendance (Duration) yrs. 2 mos. 7 ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Edward H. Condon M. D.

3/7, 1915 (Address) 750 N. Mont ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Mar. 8, 1915

20 UNDERTAKER: Ralph B Cook | ADDRESS: 1003 W. Balto St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83329 C83329

CERTIFICATE OF DEATH.

96 Lemore

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Park ave ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Wigfall Wright

(Residence in Baltimore: No. 809 Park ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: December 8, 1846 (Month) (Day) (Year)

7-AGE: 68 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Providence R. I.

PARENTS.

10-NAME OF FATHER: Louis T. Wigfall

11-BIRTHPLACE OF FATHER (State or Country): South Carolina

12-MAIDEN NAME OF MOTHER: Charlotte M. Cross

13-BIRTHPLACE OF MOTHER (State or Country): Charleston S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Daniel Giraud Wright

(Address): 809 Park Ave

15-

MAR 8 - 1915 HARRY O. ANDREWS

Filed....., 191.... Registrar. Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 7th 1915, that I saw h e alive on March 6th 1915, and that death occurred, on the date stated above, at 1:30 Am.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Contributory Acute cardiac dilatation

(Secondary)

(Duration) — yrs. — mos. 5 ds.

(Signed) Edw. W. Ames M. D.

March 7th, 1915. (Address) 208 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Thomas - Garrison Forrest — DATE OF BURIAL, March 9, 1915.

20-UNDERTAKER: Henry W. Fletcher & Sons Co — ADDRESS: Whitehall Road

C83330

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

C83330

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 229 Richmond ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nurse D. J. C. Sargent.

(Residence in Baltimore: No. 229 Richmond St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December (Month) 12 (Day), 1841 (Year)

7-AGE: 73 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Rev. Thomas Bartow Sargent

11-BIRTHPLACE OF FATHER (State or country): Frederick Co. Md

12-MAIDEN NAME OF MOTHER: Sophia Carroll

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bartow Van Ness

(Address) 123 W. Lanvale St.

15

Filed MAR 8 - 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1914, to March 6 1915.

that I saw him alive on March 6, 1915.

and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart, Chronic Interstitial Nephritis, Uremia,

(Duration) 1 yrs. 1 mos. ..... ds

Contributory (SECONDARY) Prostatic Enlargement

(Duration) 5 yrs. — mos. — ds.

(Signed) Wm. M. Lewis M. D.

March 7, 1915 (Address) 230 N. Lafayette Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: March 9th, 1915

20-UNDERTAKER: Kaufer Kins Kom Co

ADDRESS: N. Gallow & Dr. Lands

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8331 74 C8331

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Johns Hopkins Hosp. St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman J. Fischer

(Residence in Baltimore: No. 112 Conway St. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 23, 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) 1 E Read

15- MAR 8 - 1915 HARRY O. ANDREAS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Mar 7 1915, that I saw h[illegible] alive on Mar 7 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

..... (Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ... yrs. ... mos. 4 ds.

(Signed) Isadore Zadek M. D.

Mar 7, 1915. (Address) 1 E Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 14 ds. In the State 6 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 112 Conway St

19-PLACE OF BURIAL OR REMOVAL, Cincinnati Ohio — DATE OF BURIAL, Mar 9, 1915

20-UNDERTAKER W. J. Tickner & Sons — ADDRESS North Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83332

CERTIFICATE OF DEATH.

152 C83332

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of Alex & Margut Dahl

(Residence in Baltimore: No. 115 S. Carlton,

St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem.	White	Single

6-DATE OF BIRTH, March 7., 1915.
(Month) (Day) (Year)

7-AGE, — 12 hrs. — yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Alex Dahl.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Margaret Kerney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Dahl

(Address) 115 S. Carlton St

15-

Filed MAR 8 1915 HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191..., to ....191...,
that I saw h.. alive on ....191...,
and that death occurred, on the date stated above, at 9.3 a.m.

The CAUSE OF DEATH* was as follows:
Extreme Weakness due to prolonged labor. Died 12 hrs. after birth.

.... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Driscoll M. D.

March 8 1915. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Mar 9..., 1915.

20-UNDERTAKER John J. Fields ADDRESS 1200 W Lombard

Important. See instructions on back of certificate.

C83333

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 108 Colvin St

CITY OF BALTIMORE (No. ~~Annie Louisa Dorsey~~ ST. 5 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Louisa Dorsey.

(Residence in Baltimore: No. 108 Colvin St. St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 18, (Day) 1885 (Year)

7-AGE. 29. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic -
(b) General nature of industry, business, or establishment in which employed (or employer): House-work.

9-BIRTHPLACE. (State or Country), Texas Md.

PARENTS.

10-NAME OF FATHER, Lewis Brown.

11-BIRTHPLACE OF FATHER (State or Country) Texas, Md.

12-MAIDEN NAME OF MOTHER Sarah Jane —

13-BIRTHPLACE OF MOTHER (State or Country), York Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Dorsey (Husband).

(Address) 108 Colvin St.

15- Filed MAR 8 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic bronchitis

(Duration) yrs. mos. ds.

(Signed) H. W. R. Saunders M. D. (Coroner.)

March 8, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 10 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 506 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Give information in all items. Be important. See instructions on back of certificate.

C83334

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C83334

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. The Harvard A Kelly Hosp. Inc. ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mr. James Eugene Healy.

(Residence in Baltimore: No. The Ruxton apt. 1931 Eutaw P. St.: 62 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6 DATE OF BIRTH: July (Month) ..... (Day), 1852 (Year)

7 AGE: 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Maryland. Balto.

PARENTS

10 NAME OF FATHER: James E. Healy (D.)

11 BIRTHPLACE OF FATHER (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Florinda Owens.

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Mrs.) Mary E. Healy (Wife)

(Address) The Ruxton. apt. 1931 Eutaw Place

15 Filed MAR 8 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 7th (Day), 1915 (Year) 3.26 AM

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1915, to March 7th 1915 that I saw him alive on March, 1915, and that death occurred, on the date stated above, at 3.26 A m.

The CAUSE OF DEATH* was as follows:

General
Melanotic Sarcoma
Operation & Microscopic exam
(Duration) 1/2 yrs. 0 mos. 0 ds

Contributory (SECONDARY) Acute Heart failure
Two attacks (Duration) last 10 days; Dyspnea ..... yrs. ..... mos. ..... ds.

(Signed) Curtis F. Burnam M. D.

March, 1915 (Address) 1415 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 18 ds. In the State 62 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Balto Md.

Former or usual residence The Ruxton Apt. 1931 Eutaw Place

19 PLACE OF BURIAL OR REMOVAL: Green Mount. DATE OF BURIAL: March 9. 1915.

20 UNDERTAKER: E. M. Mitchell ADDRESS: 1201 W Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83335 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 C83335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 W. Lanvale ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Swancoat

(Residence in Baltimore: No. 1723 W Lanvale St St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct. 29th (Month) (Day), 1830 (Year)

7-AGE, 84 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Malina Swancoat

(Address) 1723 W. Lanvale St.

15- ROBERT . KRAUTER Burial Permit Clerk

Filed MAR 8 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Mch 6th 1915, that I saw h er alive on Mch 6 1915, and that death occurred, on the date stated above, at 10 A M P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

3

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) O M Dewalt M. D.

3/7/15, 191... (Address) 1617 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 9, 1915

20-UNDERTAKER E. M. Mitchell — ADDRESS 1201 W. Fayette St.

Important. See instructions on back of certificate.

C83336

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83336

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S. Grove St. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kendzejenski

(Residence in Baltimore: No. 814 S Grove St, St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH Feb- (Month) 23 (Day) 1915 (Year)

7-AGE ..... yrs. ..... mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Stephen Kendzejenski

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Agnieszka Bogucka

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen L Kendzejewski

(Address) 84 S Bond Ave

Filed MAR 8 - 1915, 191 ROBERT . KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 7, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to, March 7 1915, that I saw him alive on March 7 1915, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. D Meer M. D.

3/8/15 191 [Address] 408 S Paca St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Mar 9 191 5
20-UNDERTAKER	ADDRESS
Stephen J Kalkowski	1027 Hillsdale

State CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. Do not use abbreviations or initials. Do not state mode of dying, such as heart failure, asthenia, etc., but what disease caused such failure, asthenia, etc. When death is due to external causes, whether accident, suicide or homicide, state the accident, suicide or homicide, state the means of injury, as fall, gunshot wound, etc., and the nature of injury, as fracture of skull, laceration of brain, etc. Whether injury was inflicted before or during or after work and the exact place of occurrence should be stated. If from accident in any trade or process of manufacture, this fact should be stated. If any surgical operation was performed, the date should be given. If death occurred in a hospital or institution, the full name and street address should be given. If the deceased was a married woman, the name of her husband should be given. If a child, the name of the father. If a widow, the name of her husband. If a minor, the name of father or mother. If a stillborn child, or if the child died before it was named, the word "stillborn" should be entered. If the deceased was a soldier, sailor or marine, or a member of the National Guard, the fact should be stated. If the deceased was a veteran of any war, the fact should be stated. If the deceased was a member of any fraternal society, the fact should be stated. If the deceased was a member of any labor union, the fact should be stated. If the deceased was a member of any church, the fact should be stated. If the deceased was a member of any club, the fact should be stated. If the deceased was a member of any other organization, the fact should be stated. If the deceased was a member of any political party, the fact should be stated. If the deceased was a member of any religious denomination, the fact should be stated. If the deceased was a member of any secret society, the fact should be stated. If the deceased was a member of any benevolent society, the fact should be stated. If the deceased was a member of any mutual benefit society, the fact should be stated. If the deceased was a member of any insurance society, the fact should be stated. If the deceased was a member of any trade union, the fact should be stated. If the deceased was a member of any professional society, the fact should be stated. If the deceased was a member of any scientific society, the fact should be stated. If the deceased was a member of any literary society, the fact should be stated. If the deceased was a member of any musical society, the fact should be stated. If the deceased was a member of any athletic society, the fact should be stated. If the deceased was a member of any social society, the fact should be stated. If the deceased was a member of any other society, the fact should be stated.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083337 x 92 083337

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Pompey Cheeks

(Residence in Baltimore: No. Sparrows Point St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Black	Single

6-DATE OF BIRTH, December 1887.
(Month) (Day) (Year)

7-AGE, 26 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Warrenco North Carolina

PARENTS.

10-NAME OF FATHER, Robert Cheeks

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elyabeth Cheeks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burnard Jefferson

(Address) Sparrows Point

15- MAR 8 - 1915 ROBERT , KRAUTER, Burial Permit Clerk.
Filed.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1915, to Mar 8 1915, that I saw h[illegible] alive on Mar 7 1915, and that death occurred, on the date stated above, at 10-0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin S Franby M. D.

3/7, 1915. (Address) Maryland Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 5 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Sparrows Point

Former or usual residence Sparrows Point, Md

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Warren Co North Carlina	March 9, 1915

20-UNDERTAKER	ADDRESS
Robert A Elliott	506 Rogers Ave

Important: See instructions on back of certificate.

C83338

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83338

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 213 Wyman Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Bowers.

(Residence in Baltimore: No. 213 Wyman Ave St.; 1 yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single.

6-DATE OF BIRTH Jan 2, 1914 (Month) (Day) (Year)

7-AGE 1 yrs. 2 mos. 5 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Raymond J. Bowers

11-BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Geneva Warfield

13-BIRTHPLACE OF MOTHER (State or country) Frederick, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond J. Bowers.

(Address) 213- Wyman Ave.

Mar 9 - 1915

Filed ..., 191... ROBERT ..., Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1915, to Mar 7 1915.
that I saw her alive on Mar 7, 1915.
and that death occurred, on the date stated above. 2.40 a.m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Cardiac insufficiency

(Duration) ... yrs. ... mos. 24 hrs.

(Signed) Roscoe C. Crosland M. D.

Mar 7, 1915 (Address) 2438 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Balto Cemetery — DATE OF BURIAL March 9th 1915

20-UNDERTAKER Geo Schillinger & Sons — ADDRESS Monument Square

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83339

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83339

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2412 E Monument ST.: 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hengler

(Residence in Baltimore: No. 2412 E Monument St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 4th, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. 0 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hengler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Hengler

(Address) 2412 E. Monument St.

15-

Filed....., 191.. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

March 7th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	March 9, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson

C83340

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83340

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1011 N. Kenwood ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wolf

(Residence in Baltimore: No. 1011 N. Kenwood Ave St.; yrs., 49 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 1., 1860.
(Month) (Day) (Year)

7-AGE, 54 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Conrad Wolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Ford

(Address) 4 N. Hart st.

15- Filed MAR 8 1915 101. Burial Permit Issued ROBERT . KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) David W. Horn M. D.
(Coroner)

Mch. 8, 1915. (Address) 1116 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel C.	March 9, 1915
20-UNDERTAKER	ADDRESS
Louis Heermann	32 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83341 HEALTH DEPARTMENT—CITY OF BALTIMORE C83341

CERTIFICATE OF DEATH. 79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret O'Rourke

(Residence in Baltimore: No. 1712 N. Carey St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan 1st (Month) (Day), 1842 (Year)

7-AGE, 72 yrs. 9 mos. 20 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) County Cavan Ireland

PARENTS.

10-NAME OF FATHER, Christopher Hogan

11-BIRTHPLACE OF FATHER (State or Country) County Cavan Ireland

12-MAIDEN NAME OF MOTHER Anna E. Reddy

13-BIRTHPLACE OF MOTHER (State or Country) County Cavan Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Hudson

(Address) 1712 N. Carey St.

15- Filed MAR 8 1915 191... ROBERT . KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 7th 1915, to March 7th 1915, that I saw her alive on March 7th 1915, and that death occurred, on the date stated above, at 7 40 m.

The CAUSE OF DEATH* was as follows:

..... Acute Myocarditis

..... (Duration) ... yrs. 2 mos. 28 ds.

CONTRIBUTORY (Secondary) Acute Pleurisy

..... (Duration) ... yrs. ... mos. 10 ds.

(Signed) Putnam Jackson M. D.

March 8th, 1915. (Address) 1201 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	March 11..., 1915
20-UNDERTAKER Robert Fahey & Sons	ADDRESS 600 E. Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83342

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 C83342

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Druid Hill Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Major Richardson

(Residence in Baltimore: No. 1210 Druid Hill Ave St.: 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Jan 2d, 1875.
(Month) (Day) (Year)

7-AGE: 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Day Labor

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: William Richardson

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Dr. Lincoln Johnson

(Address): 1210 Druid Hill Ave

15- Filed MAR 8 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9- 1915, to Mar. 8 1915, that I saw h-im alive on Mar. 6 1915, and that death occurred, on the date stated above, at 3-a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

3 mths
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

one mth
(Duration) yrs. mos. ds.

(Signed) Thos. L. McCarthy M. D.

Mar. 8, 1915: (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, March 9, 1915

20-UNDERTAKER Clarence Murphy — ADDRESS 1364 Mary

Important. See instruction on back of certificate.

C83343 HEALTH DEPARTMENT—CITY OF BALTIMORE 172 C83343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Mercy Hospital St.: 6 WARD)

2-FULL NAME Elizabeth J. Gibbons

(Residence in Baltimore: No. 131 N. Ellwood St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) In Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 17, 1905
(Month) (Day) (Year)

7-AGE, 9 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Fred E. Gibbons

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Bozzango

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred E. Gibbons

(Address) 131 N. Ellwood

15- Filed MAR 8 1915, 191. ROBERT F. BRAUER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis the result of an accidental fall on curbstone caused by slipping on orange peal.
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm. M. Garay M. D.
(Coroner.)
March 7, 191 5 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 131 N. Ellwood St.
Former or usual residence 131 N. Ellwood

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	March 9, 19 15
20-UNDERTAKER	ADDRESS
William Cook	Gorsuch Ave

CAUSE OF DEATH to be plainly written, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

083344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 083344

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 831 W Cross ST.; 21 WARD)

2-FULL NAME Andrew Stanley Ogilvie

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 831 W. Cross St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 19, 1889 (Month) (Day) (Year)

7-AGE 26 yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John W. Ogilvie

11-BIRTHPLACE OF FATHER (State or Country), N. S.

12-MAIDEN NAME OF MOTHER, Julia Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Genevieve A Ogilvie

(Address) 831 W Cross St

15- MAR 8 - 1915 ROBERT F. KRAUTER, Burial Permit Clerk

Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 2 1914, to March 7th 1915, that I saw him alive on March 6th 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Stephen A. Dixon M. D.

March 7, 1915. (Address) 914 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, 3/10, 191..

20-UNDERTAKER Lee Cook ADDRESS 507 E. N. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83345

C83345

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 505 E. Gitting ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Oliver Weintz

(Residence in Baltimore: No. 505 E. Gitting St., 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 3 (Day), 1894 (Year)

7-AGE,	If LESS than 1 day,
21 yrs. 2 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Elevator Runner
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Oliver H Weintz

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary J Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella M Weintz

(Address) 505 E Gitting St

15- Filed MAR 8 - 1915, 191.....

ROBERT , KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 5 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 5 1915, that I saw him alive on March 5 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mulletstein M. D.

3/8, 1915 (Address) 1319 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	3/11, 1915
20-UNDERTAKER William Cook	ADDRESS 507 E North Ave

important. See instructions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Clark 1201 Madison Ave

C83346

CERTIFICATE OF DEATH.

170

C83346

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 North Fulton Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Amoss

(Residence in Baltimore: No. 2102 North Fulton Ave St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 13, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Amos

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eliza Hendon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Amoss

(Address) 2102 North Fulton

15- Filed MAR 8 - 1915 191...

ROBERT J. BRADTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2d 1912, to Mar. 7 1915, that I saw him alive on Mar 6 1915, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ?

(Duration) ... yrs. ... mos. ... ds.

(Signed) Hans E. Clark, M. D.

..., 191... (Address) 1201 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	3/10, 1915
20-UNDERTAKER	ADDRESS
William Cook	507 N. North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(83347) 83347

18

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1804 N. Calvert St. ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Stirling Hanes

(Residence in Baltimore: No. 1804 N. Calvert St. St.; ..... yrs. ..... mos. ..... ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: 1 (Month) 11 (Day), 1893 (Year)

7-AGE: 22 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: J. B. S. Hanes

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Lola Baldwin

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lola B. Hanes

(Address) 1804 N. Calvert St

15-

Filed MAR 8 - 1915 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1915, to March 1915, that I saw h-im alive on March 7 1915, and that death occurred, on the date stated above, at 9.35 A.M.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed), Nathan Winslow M.D.

March 7, 1915 (Address) 3304 Walbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Easton Md. | DATE OF BURIAL: March 10, 1915

20-UNDERTAKER: William Cook | ADDRESS: 502 Park Ave

C83348

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83348

CERTIFICATE OF DEATH.

39

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1760 E North ave ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert H Tignor

(Residence in Baltimore: No. 1760 E North Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 27th (Day), 1838. (Year)

7-AGE, 76 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Tignor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Debora Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Tignor

(Address) 1760 E North St

15- MAR 8 - 1915 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mouth

Operation Nov 1914 (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....By: (Duration) ....yrs.....mos.....ds.

(Signed) Elijah S. Cressell M. D. (Coroner.)

March 8th, 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Perryville Cecil Md | DATE OF BURIAL, March 9, 1915

20-UNDERTAKER William Cook | ADDRESS 502 E North St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083349 083349

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E. Biddle ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Brandenburg

(Residence in Baltimore: No. 316 E Biddle St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW or WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, Sept. 6, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 6 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Samuel Brandenburg

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co

12-MAIDEN NAME OF MOTHER Margaret Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Brandenburg

(Address) 316 E. Biddle

15-

Filed MAR 8 1915 191.....

ROBERT . BRADTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1915, to March 7 1915, that I saw h.. alive on March 7 1915, and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) James M. Benton M. D.

Mar 7 1915. (Address) 7 W E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodbine Carroll Co Md	March 9 1915
20-UNDERTAKER	**ADDRESS**
William Cook	602 N Gay St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83350 — 15 C83350

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 309 Collins Ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Meyer

(Residence in Baltimore: No. 309 Collins Ave St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Sept. (Month) 12th (Day), 1856 (Year)

7-AGE: 58 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Meyer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Marie Borching

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Meyer

(Address) 309 Collins Ave

15- Filed MAR 8 - 1915 ROBERT . KRAUTKR, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation By Hanging
Suicide
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Louis Wimberg (Coroner) M. D.

March 6th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, March 9, 1915

20-UNDERTAKER F B Keyser Hill & Son — ADDRESS

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83351 61 C83351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1288 Battery ave. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine V Reisinger

(Residence in Baltimore: No. 1288 Battery ave St.; 1 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ Single (Write the word.)

6-DATE OF BIRTH, May 28, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Arthur Reisinger

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Agnes Caldwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Reisinger

(Address) 1288 Battery Ave

15- Filed MAR 8 - 1915, 191.....

ROBERT J. BRAUNE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 6 1915, that I saw her alive on March 6 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Convulsions T Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Jos A O'Connell M. D.

March 8 1915. (Address) 107 S West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 8., 1915.

20-UNDERTAKER H & M L Flynn

ADDRESS 1422 Light St

U.S.A. FEDERAL OAK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083352 28 083352

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mendora Hicks

(Residence in Baltimore: No. 2010 Keyser St.; ....yrs.....mos. ds.)

Informant is Edward Hicks husband of Leonora Hicks

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (Write the word.)
female	colored	Married

6-DATE OF BIRTH, June (Month) 14 (Day), 1892 (Year)

7-AGE, 22 yrs. mos. ds. | If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Shiver

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Martha Beaver

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Hicks

(Address) 2010 Keyser St

15- MAR 8 - 1915 ROBERT . KRAUTER

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1915, to Mar 6 1915, that I saw h[illegible] alive on March 3 1915, and that death occurred, on the date stated above, at 5 T m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Tuberculosis

Duration ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion, Heart failure

Duration ....yrs. ....mos. 2 ds.

(Signed) Edward Hicks M. D.

3/7, 1915. (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 9, 1915

20-UNDERTAKER Milton Davis ADDRESS 789 Carolina St

Spec.—5-19-13—M. & T.—500 Blks.

C83353

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83353

CERTIFICATE OF DEATH.

× 43

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED No. C .....

CITY OF BALTIMORE: (No. 1514 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Hyson

(Residence in Baltimore: No. Stewartstown Pa St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1860. (Year)

7-AGE,	If LESS than 1 day,
54 yrs. 8 mos. 11 ds.	..hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Missionary
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Stewartstown, Pa

PARENTS.

10-NAME OF FATHER, John Hyson

11-BIRTHPLACE OF FATHER (State or Country) Stewartstown Pa

12-MAIDEN NAME OF MOTHER — Miller

13-BIRTHPLACE OF MOTHER (State or Country), Stewartstown, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura Rice

(Address) 622 N Carrollton Ave

15- MAR - 9 1915 HARRY O ANDREWS, Burial Permit Clerk.

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 8 1915, that I saw her alive on March 8 1915, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast (right)
(Operation)

(Duration)...yrs. 8 mos....ds.

CONTRIBUTORY (Secondary) Surgical shock
Pt died on operating table.

(Duration)...yrs....mos....ds.

(Signed) R. F. Kieffer M. D.

191... (Address) U. S. P. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State ..... yrs. , mos. 3 ds.

Where was disease contracted, if not at place of death? In New Mexico

Former or usual residence New Mexico.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Stewartstown Pa.	March 9, 1915.
20-UNDERTAKER	ADDRESS
Wm Routson	230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

C83351 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C83351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holtzman Curtis

(Residence in Baltimore: No. 433 Moore St. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	single

6-DATE OF BIRTH, August 10, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Curtis

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Laura Ross

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James Curtis

(Address) 433 Moore street

15- MAR - 9 1915 HARRY O. ANDREWS Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to March 7 1915, that I saw h.. alive on March 7 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration).....yrs.....mos. 15 ds.

CONTRIBUTORY (Secondary) Peri-adenitis (cervical)

(Duration).....yrs.....mos. 5 ds.

(Signed) John A. Foote M. D.

3/7, 1915. (Address) Maryland Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 15 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 433 moore st

Former or usual residence 433 moore st

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt Auburn Cemetery	Mar. 9.., 1915.
20-UNDERTAKER Felix B. Pope	ADDRESS 102 E. Mulberry St

C83355

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C83355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 113 E. Mulberry St. 4 WARD)

2-FULL NAME John H. Campbell

(Residence in Baltimore: No. 113 E Mulberry St.; — yrs. — mos. — ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 70 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura E Campbell

(Address) 113 E Mulberry

15-
Filed MAR - 9 1915 .191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, March 6, 1915 that I saw h[illegible] alive on March 5 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis ?

(Duration) ... yrs 6 mos. ... ds.

Contributory (SECONDARY) ...

(Duration) ... yrs ... mos. ... ds.

(Signed) H. S. McCard M. D.

3/6, 1915. [Address] 2005 Dillman

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Mar 9 1915

20-UNDERTAKER: Felix B. Pyle

ADDRESS: 102 E. Mulberry St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C83356

CERTIFICATE OF DEATH.

79

C83356

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claudia Miller

(Residence in Baltimore: No. 319 Princess Place St.; — yrs., — mos. — ds.)

1911 Lauder St.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, May 26, 1888
(Month) (Day) (Year)

7-AGE, 26 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Acting Mercy Hosp

(Address) Calvert St

15-

Filed MAR - 9 1915, 191. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6, 1915
(Month) (Day) (Year)

17-C I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to Mar 6 1915, that I saw h[illegible] alive on Mar 6 1915 and that death occurred, on the date stated above, at 4.00 p.m.

The CAUSE OF DEATH* was as follows:

Colitis Mitral Regurg

Status

(Duration) Several Years

CONTRIBUTORY (Secondary)

.....D. (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H Levitt M. D.

Mar 6, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 5 yrs. 6 mos. ....ds.

Where was disease contracted if not at place of death? 319 Princess St.

Former or usual residence 319 Princess St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	March 9, 1915
20-UNDERTAKER	**ADDRESS**
J L Brown & Son	1018 Monroe

Spec.—8-24-14—M. & T.—2000 Blks.

C83357 HEALTH DEPARTMENT—CITY OF BALTIMORE C83357

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH (No. Charles St.; University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. S. Makinson

(Residence in Baltimore: No. Ellicott City Md St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 1 (Month) (Day) (Year)

7-AGE, 83 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carriage Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Dave Makinson

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Dorothy Dare

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Makinson

(Address) Ellicott City

15-

MAR - 9 1915

Filed ..., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7 1915, to March 8 1915, that I saw him alive on March 5 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Prostatitis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY. (Secondary) Cystitis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) H. A. Covington M. D.

March 8, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Ellicott City, Md

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL. Ellicott City Md. DATE OF BURIAL. March 11 1915

20-UNDERTAKER S. Hillsinger & Son ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083358

CERTIFICATE OF DEATH.

105 083358

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Evans

(Residence in Baltimore: No. 2428 Jefferson St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 4, 1839
(Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Bate

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Small

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sabrain Bap Stranger

(Address) 2428 Jefferson St

15- Filed MAR - 9 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to March 6 1915, that I saw h[illegible] alive on March 6 1915, and that death occurred, on the date stated above, at 11 55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. S. Gilmore M. D.

March 8, 1915. (Address) 627 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Mar. 9, 1915

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Bradley

Spec.—8-24-14—M. & T.—2000 Bks.

C83359 HEALTH DEPARTMENT—CITY OF BALTIMORE C83359

45

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Gril Hosp. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William James

(Residence in Baltimore: No. 648 W. Hoffman St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... January 1 ....., 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. 2 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H James

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Stacie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Smith

(Address) 648 W Hoffman

15-

Filed MAR - 9 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to March 7 1915, that I saw him alive on March 7 1915, and that death occurred, on the date stated above, at 11.40 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema
Mucocastic Exam
Pneumonia (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Lung
(Duration) ....yrs. 5 mos. ....ds.

(Signed) E. Claiborne Jones M. D.
3 7, 191.. (Address) Md. Genl Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. —mos. 18 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 648 W. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, March 8, 191..

20-UNDERTAKER R L Parlow ADDRESS 820 Guilford

C83360

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83360

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 664 W. German ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kaczinski

(Residence in Baltimore: No. 664 W. German St.: 1yr. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... July (Month) 20 (Day), 1914 (Year)

7-AGE, ... yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Matthew Kaczinski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Maggie Senkus.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Kaczinski

(Address) 664 W. German St.

15-

Filed MAR - 9 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) J. B. Jeffers M. D.
(Coroner.)

March 8, 1915. (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem.

DATE OF BURIAL, March 9 1915

20-UNDERTAKER John Grebliauckas

ADDRESS 500 S. Paca St.

important. See instructions on back of certificate.

C83361

HEALTH DEPARTMENT---CITY OF BALTIMORE

92

C83361

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 612 Burgundy St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Irene Stewart

(Residence in Baltimore: No. 612 Burgundy St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 3 (Day), 1914 (Year)

7-AGE: ..... yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Samuel Stewart

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Florence Clark

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Stewart

(Address) 612 Burgundy.

15-
Filed MAR - 9 1915, 191 HARRY O. ROSSER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27, 1915, to, March 7 1915, that I saw h[illegible] alive on March 6 1915, and that death occurred, on the date stated above, at 12.05 A. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

..... (Duration) ..... yrs. ..... mos. 8 ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Morley Hoen M. D.

March 7, 1915 [Address] 729 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery — DATE OF BURIAL: March 9, 1915

20-UNDERTAKER: Wm H Hooper — ADDRESS: 607 Pitts Ave

TION is very important. See instructions on back of certific

C83362

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C83362

REGISTERED No. C.....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 159 N. Potomac St. 5 WARD)

2-FULL NAME: Infant Neary

(Residence in Baltimore: No. 159 N Potomac St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 8, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Thomas Neary

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Margaret Walsh

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Thomas Neary

(Address): 157 N Paltimore

15.

MAR - 9 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 8, 1915, to March 8 1915, that I saw him alive on March 8, 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(about 5 months)

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John L Owens M.D.

March 8, 1915 (Address) 5 E Cor Fayette & Paca Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Edwards Cem Co

DATE OF BURIAL: Mar 9th 1915

20-UNDERTAKER: John A Moran

ADDRESS: Bank

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83363

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C83363

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hill

(Residence in Baltimore: No. Provident Hospital St.; – yrs. – mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 25 (Day), 1915 (Year)

7-AGE: – yrs. – mos. 11 ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto, Md

PARENTS

10-NAME OF FATHER: Charles Hill

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Hattie Kane

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie Hill

(Address) 1005 Linden Ave

15- Filed MAR - 9 1915 1915 Harry O. Ahlers Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6, 1915, to, Mar 7 1915, that I saw h~~im~~ alive on Mar 7 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Harry F. Brown M. D.

Mar 8 1915 [Address] 1501 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 11 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Hospital 1340 Bank

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/9 1915

20-UNDERTAKER: Saml T Kemsley — ADDRESS: 5780 Bridle

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83364 — 120 — C83364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Cairo St.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexina Baker

(Residence in Baltimore: No. 1703 Cairo St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Dec — 15, 1862 (Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Williams

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Caroline Blue

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Baker

(Address) 1703 Cairo St.

15-

MAR - 9 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar — 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16th 1915, to Mar 8 1915, that I saw her alive on Mar 7 1915, and that death occurred, on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Just M. D.

March 8, 191.. (Address) 1431 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, ..., 191..

20-UNDERTAKER Emmert F. Hensley — ADDRESS 578 N Bond

Spec.—5-19-13—M. & T.—500 Bks.

C83365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C83365

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Fessier ST.; 17 WARD)

REGISTERED No. C

2-FULL NAME Eliza ~~Eyler~~ Eyler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 709 Fessier St.; 85 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown (Month) (Day), 1830 (Year)

7-AGE, 85 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Powell

(Address) 709 Fessier St

15-

Filed MAR - 9 1915 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 7th., 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, to Mar 7th 1915, that I saw h[illegible] alive on Mar 6th 1915, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

No Operation

Duration 9 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. Grant Scott M. D.

Mar 9 1915 (Address) 1354 N. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Date to Balto Co. DATE OF BURIAL, 3/10, 1915

20-UNDERTAKER Samuel T. Hensley ADDRESS 578 N Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

C83366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C83366

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel S. Parkinson

(Residence in Baltimore: No. 612 East Ave, Canton St.; ~ yrs., 1 mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb 15, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. ~ mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Parkinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Parks.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Bayne Jones M.D.

(Address) Johns Hopkins Hospital

15- MAR - 9 1915 BUREAU OF VITAL STATISTICS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 15 1915, to March 6 1915, that I saw h.im alive on March 6 1915, and that death occurred, on the date stated above, at 11:05 a.m.

The CAUSE OF DEATH* was as follows:

(a) General Peritonitis

Perforation of Mesoscopic Ulcer

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach with perforation (Duration) 3? yrs. ....mos. ....ds.

(Signed) Stanhope Bayne Jones M. D.

March 7..., 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State ? yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 612 East Ave, Canton

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	March 10th, 1915

20-UNDERTAKER	ADDRESS
Lilly & Zeller	403 S. Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

C83367

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 C83367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. City ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth de Langlotz

Residence in Baltimore: No. 1617 East Preston St St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 5 (Day) 1852 (Year)

7-AGE, 62 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Marshall Randal

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ella Bullet

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) Jos. Langlotz

(Address) 1617 E Preston St

15-

Filed MAR - 9 1915, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1915, to March 8 1915, that I saw her alive on March 8 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. B. Levin M. D.

, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 62 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1617 E. Preston St

Former or usual residence 1617 E. Preston St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, March 10 1915

20-UNDERTAKER N. S. Frank

ADDRESS 1921 W Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83368

CERTIFICATE OF DEATH.

31 C83368

1-PLACE OF DEATH ~~Woodland Ave~~

CITY OF BALTIMORE: (No. 1305 ~~Baltimore Ave~~ Maryland Ave ST. 13th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Gaunett

Residence in Baltimore: No. 1305 Railroad Maryland Ave St.: ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Feb (Month) 12 (Day) 1890 (Year)

7-AGE.	If LESS than 1 day.
25 yrs. 22 mos. ~~25~~ ds.	....hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balt City

PARENTS.

10-NAME OF FATHER. Henry C Gaunett

11-BIRTHPLACE OF FATHER (State or Country). Balt City

12-MAIDEN NAME OF MOTHER Mary Woodward

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Gaunett

(Address) 1305 ~~Woodland Ave~~ Maryland Ave

15- MAR - 9 1915 HARRY O. ASBERNS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to March 6 1915, that I saw him alive on March 6 1915, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis

..... (Duration) ....yrs. 3 mos. ....ds.

(Signed) C. J. Coughlin M. D.

3/7, 1915. (Address) 320 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Marys Cemetery DATE OF BURIAL. Mar. 9, 1915

20-UNDERTAKER. Edmonson & Son ADDRESS 3617 Chestnut ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83369

CERTIFICATE OF DEATH.

5 28

C83369

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Mulliken ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Bias

(Residence in Baltimore: No. 1431 Mulliken St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House cook
(b) General nature of industry, business, or establishment in which employed (or employer): In Service

9-BIRTHPLACE, (State or Country), St Mary's County Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bias

(Address) 1431 Mulliken St

15- MAR - 9 1915 HARRY O. ANDREWS, Special Permit Clerk
Filed....., 191..
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1915, to March 7 1915, that I saw h[illegible] alive on March 7 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Wallace A. White M. D.

, 191.. (Address) 1101 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Mch 10, 191.5.

20-UNDERTAKER Mrs J. G. Locke ADDRESS 1302 Jefferson St.

683370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. 683370

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 531 N. Brune street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Parker,

(Residence in Baltimore: No. 531 N. Brune street, St. ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, March (Month) 4th (Day), 1859. (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 0 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver,
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber wagon,

9-BIRTHPLACE, (State or Country). Virginia,

PARENTS.

10-NAME OF FATHER, George Parker,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Rachel ? ? ?

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Parker, wife,

(Address) 531 N. Brune street.

15-

Filed MAR - 9 1915, 191.. HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia,

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemper (Coroner.) M. D.

March 8, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	March 10, 1915
20-UNDERTAKER David Ewart	ADDRESS 916 Penna ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83371 C83371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Aliceanna St.; 2 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Novak

(Residence in Baltimore: No. 1821 Aliceanna St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
24 yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie McKowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Koczmiska.

(Address) 1821 Aliceanna St.

15- MAR - 9 1915 ROBERT . ERAUTER, Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to March 8th 1915, that I saw h[er] alive on March 5th 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Cardiac & Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Passive Congestion of the Liver

(Duration) yrs. mos. ds.

(Signed) G. F. Ries M. D.

March 8th, 1915. (Address) 248 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	March 11th, 1915.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	705 S. Ann St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83372 **CERTIFICATE OF DEATH.** 15 C83372

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cwrobsko

(Residence in Baltimore: No. John Hopkins Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	white	Single

6-DATE OF BIRTH, Mar 7, 1915 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. ds.	hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Pete Chilbeck

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Josephine Cwrobsko

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR - 9 1915 191... Registrar.

ROBERT ARAGER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1915, to Mar. 7, 1915, that I saw her alive on Mar. 7, 1915, and that death occurred, on the date stated above, at 11.10 A m.

The CAUSE OF DEATH* was as follows:

Intra uterine asphyxia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Contracted pelvis in mother (Duration) 5 yrs. 6 mos. ds.

(Signed) Ed. E. Glass M. D.

Mar. 8, 1915 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

083373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

083373

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Eastern Ave St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosana Robinsan

(Residence in Baltimore: No. 2009 Eastern Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, (Aug.) (2) (Month) (Day), 1855 (Year)

7-AGE 59 yrs. 6 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benjamine Stokes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucinda Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W Robinsan

(Address) 2009 E Robinsan

15- ROBERT , KRAUTER, Burial Permit Clerk

Filed MAR - 9 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1914, to March 7 1915, that I saw h~~e~~ alive on March 7 1915, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis Cardiac Dis

Valvular

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Gen. Debility

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Daniel Mines M. D.

March 8 1915. (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	March 10, 1915
20-UNDERTAKER	ADDRESS
H Sander & Son	1710 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83374

CERTIFICATE OF DEATH.

28 C83374

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 E North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine V Rockfort

(Residence in Baltimore: No. 824 E. North Ave St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 6, 1895
(Month) (Day) (Year)

7-AGE, 19 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Martin L Rockfort

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Bertha Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin L. Rockfort

(Address) 824 E. North Ave

15- MAR - 9 1915 ROBERT . GRAETER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1914 to March 5 1915, that I saw her alive on March 5 1915, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

about one year,
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac arthemia,

(Duration) ....yrs. Few days mos. ....ds.

(Signed) C.C. McClanahan M. D.

March 9, 1915 (Address) 611 E. Clinton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	March 11 1915.
20-UNDERTAKER	ADDRESS
H Sanders & Sons	1710 E Fort Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83375

CERTIFICATE OF DEATH.

28 C83375

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 N. Collington Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Cecelia Cacase

(Residence in Baltimore: No. 144 N. Collington Ave St.; ....yrs.,....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 29, 1886 (Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer & typewriting operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Cacase

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Julia Baltimore Italy

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Cacase

(Address) 144 N. Collington Ave

15-

Filed MAR - 9 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6 1915, to Mar. 8 1915, that I saw h.r alive on Mar. 8 1915, and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Leo F. Mettling M. D.

Mar 9, 1915. (Address) 2 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, March 11th, 1915

20-UNDERTAKER N. E. Hughes

ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C83376 HEALTH DEPARTMENT—CITY OF BALTIMORE C83376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 925 N. Duncan ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma F. Haywood

(Residence in Baltimore: No. 925 N. Duncan St.; 41 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
~~Sex~~ Female	White	Married

6-DATE OF BIRTH, Sept. 11th, 1873
(Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm G. Heard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margarta —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Semmler

(Address) 925 N. Duncan

15- MAR - 9 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to Mar 8 1915, that I saw h— alive on Mar 5 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas B. Flagg M. D.

Mar 9, 1915. (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	Mar 10, 1915
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83377

CERTIFICATE OF DEATH.

C83377

REGISTERED No. C 5 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Comet ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Garretson

(Residence in Baltimore: No. 1122 Comet St.; 58 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 13th, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Cornelius Garretson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Garretson

(Address) 1122 Comet St.

15- Filed MAR - 9 1915, 191.

ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 7th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1915, to March 6 1915, that I saw him alive on March 6 1915, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pilitinis Pulmonalis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

March 9, 1915. (Address) 120½ Argyle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oem Stemmus — DATE OF BURIAL, Mar. 10, 1915.

20-UNDERTAKER Rmn Philip Herwig — ADDRESS 2016 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83378 **CERTIFICATE OF DEATH.** 15 C 83378

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wallace

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.)
F	B	Sing'l

6-DATE OF BIRTH, 7 Mar ....., 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ..1.. hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Wallace

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Belle Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR - 9 1915 ROBERT KRAUTHOFF Registrar.
Filed....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 Mar, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 7 1915, to Mar. 7 1915, that I saw h alive on Mar. 7. 1915, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Partus, uterine asphyxia
Premature Placental Separation

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cause Unknown

(Duration)....yrs....mos....ds.

(Signed) Chas. T. Glass M. D.

Mar. 8, 1915 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
MAR 8 - 1915
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83379

CERTIFICATE OF DEATH.

15 C83379

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hosp. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sadler

(Residence in Baltimore: No. 2632 Frisby St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, ... March (Month) 5 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
.....yrs.....mos.....ds.	16 hrs. or 44 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mr. Sadler

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Flora Zamart

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Sparge M.D.

(Address) Md. General Hosp.

15-

Filed MAR. 9 1915 ROBERT . KRAUTH, Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 6 1915, that I saw h.r alive on March 5 1915, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

..... Prematurity.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. S. Sparge M.D.

March 6, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Md University	MAR 9 - 1915
20-UNDERTAKER	ADDRESS

Commissioner of Health.

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83380 **CERTIFICATE OF DEATH.** 151 C83380

1-PLACE OF DEATH Maryland General Hosp 9 REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sadler

(Residence in Baltimore: No. 2632 Trinity St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, March 5, 1915
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 4 hrs. or 49 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mr Sadler

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Flora Zumart

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Spanos. M.D.

(Address) Md. General Hosp.

15- MAR - 9 1915 ROBERT F. KRAUTER Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 5 1915, that I saw her alive on March 5 1915, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ...yrs...mos...ds.

CONTRIBUTORY
(Secondary)

(Duration) ...yrs...mos...ds.

(Signed) Jos. Spanos M. D.

March 8, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Md University — DATE OF BURIAL, MAR 9 1915, 191...

20-UNDERTAKER Commissioner Health — ADDRESS

FOR ANATOMICAL PURPOSES

C83381

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C83381

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2816 Frederick Ave ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar J. Ensey

(Residence in Baltimore: No. 2816 Frederick Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 6th (Month) (Day), 1869 (Year)

7-AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Watch maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Howard Co Md

PARENTS

10-NAME OF FATHER: Nathan Ensey

11-BIRTHPLACE OF FATHER (State or country): Howard Co Md

12-MAIDEN NAME OF MOTHER: Martha E. Elder

13-BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Marion Ensey

(Address): 2816 Frederick Ave.

15- Filed MAR - 9 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. 8, (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1915 to Mar. 8, 1915, that I saw him alive on Mar. 7, 1915, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) 1 yr. mos. ds.

Contributory (SECONDARY): Bronchitis & Cold

(Duration) yrs. mos. 7 ds.

(Signed), E. A. Dickey M. D.

Mar. 8 1915 [Address] 14 N. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: March 10 1915

20-UNDERTAKER: A. Jones ADDRESS: 207 S Stricker St

TION is very important. See instructions on back of certificate.

C83382

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83382

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 N Amity St.? 18 WARD)

2-FULL NAME Elijah Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 8 N Amity St.; 9 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Col'd | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ... (Day) 1 (Year)

7-AGE: 33 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): West Roxy Md

PARENTS

10-NAME OF FATHER: Wesley Smith

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Simms

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rachel Smith

(Address) 8 N Amity

15- Filed MAR - 9 1915 191 ROBERT T. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct, 1914, to, March 7 1915, that I saw h... alive on March 7 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

... (Duration) ... yrs. ... mos. 5 ds.

Dementia

Contributory (SECONDARY) ... (Duration) ... yrs. 6 mos. ... ds.

(Signed) H Norwood M. D.

March 8 1915 [Address] 93 Jn Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Interment Auburn Cemetery — DATE OF BURIAL: March 10, 1915

20-UNDERTAKER: Alfred J Fickland — ADDRESS: 114 N Schroeder

TION is very important. See instructions on back of certificate.

C83383 HEALTH DEPARTMENT--CITY OF BALTIMORE 91 C83383

CERTIFICATE OF DEATH

Registered No. C .....

1-PLACE OF DEATH

City of Baltimore (No. 325 Collins Ave St.: 20 Ward) (If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo C Deutz

(Residence in Baltimore: No. 325 Collins Ave St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH July (Month) 13 (Day), 1867 (Year)

7-AGE 47 yrs. 7 mos. 24 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Asst Sup. Emerald Pg Co
(b) General nature of industry, business, or establishment in which employed (or employer) (Butcher)

9-BIRTHPLACE (State or country) Balto Co. Md

PARENTS

10-NAME OF FATHER Geo. C Deutz

11-BIRTHPLACE OF FATHER (State or country) Balto Co. Md

12-MAIDEN NAME OF MOTHER Elizabeth Bruehl

13-BIRTHPLACE OF MOTHER (State or country) Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm C Baker.

(Address) 412 Walnut Ave

15. Filed MAR - 9 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1915, to. March 8 1915, that I saw him alive on March 8th, 1915, and that death occurred, on the date stated above, at 9.45A m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 8 ds

Contributory (SECONDARY) Bronchitis

(Duration) ... yrs. ... mos. 8 ds.

(Signed), Jno A Schaefer M. D.

March 9, 1915 (Address) 1405 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	March 10, 1915
UNDERTAKER	ADDRESS
F B Kappel	Fredk Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83384 — 50 C83384

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 243 North Carey St., St., 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel A. Dewalt

(Residence in Baltimore: No. 243 North Carey St St.; 63 yrs. — mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ (Write the word): widowed

6-DATE OF BIRTH: March 14, 1851 (Month) (Day) (Year)

7-AGE: 63 yrs. — mos. 11 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Edward Romney

11-BIRTHPLACE OF FATHER (State or country): France

12-MAIDEN NAME OF MOTHER: Caroline Lancaster

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert C. Dewalt

(Address) 243 N Carey St

15- MAR - 9 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1914, to Mar. 8 1915, that I saw her alive on March 7, 1915, and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ..... yrs. 4 mos. 12 ds

Contributory (SECONDARY) Diabetes

(Duration) ..... yrs. 5 mos. 12 ds.

(Signed) H. Hulsemeyer M. D.

March 9, 1915 (Address) 1022 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 10, 1915

20-UNDERTAKER: George J. Smith — ADDRESS: 1000 Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83385

CERTIFICATE OF DEATH.

28 C83385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 E. 21 St. ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bernard Meehan

(Residence in Baltimore: No. 417 E. 21 St. St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, January 18, 1862
(Month) (Day) (Year)

7-AGE 53 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tinning

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. John Meehan

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Meehan

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward F. Meehan

(Address) 1628 E. Eutaw St.

15- MAR - 9 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to March 1915, that I saw him alive on March 7th 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. A. Milliman M. D.

Mar. 9th, 1915. (Address) 2449 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery — DATE OF BURIAL, March 10, 191...

20-UNDERTAKER Chas. F. Adams & Son — ADDRESS 1118 W. Royal Av.

Spec.—5-19-13—M. & T.—500 Bks.

C83386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x175 C83386

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Kuhn

(Residence in Baltimore: No. Chillicothe Ohio St.; ..yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1884 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Casper Kuhn

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Elizabeth Krause

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert J. Kuhn (deceased)

(Address) Chillicothe Ohio

15- Filed MAR - 9 1915, 191.. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1914, to March 9, 1915, that I saw h[im] alive on March 9, 1915, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Septic Meningitis
(Part of the brain)
Accidental Cut to Left Index Finger
(Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) Fractured Vertebra
(Duration) ..yrs. 6 mos. 5 ds.

(Signed) Elmer J. Swann M. D.

....., 191.. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. 6 mos. 5 ds. In the State ..yrs. ..mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chillicothe Ohio.

19-PLACE OF BURIAL OR REMOVAL, Chillicothe Ohio DATE OF BURIAL, Shipped 3/10, 191..

20-UNDERTAKER E. Holzfaedrick ADDRESS 2731 W North Ave.

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83387

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Johns Hopkins Hosp St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Klarecki

(Residence in Baltimore: No. 942 N Caste St. St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Mar (Month) 24 (Day) 1884 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Moravia

PARENTS.

10-NAME OF FATHER, John Gregor

11-BIRTHPLACE OF FATHER (State or Country), Moravia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A A Curry

(Address) 2 E Pratt

15- Filed MAR - 9 1915, 191.. ROBERT . BRAUER. Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1915, to Mar. 8 1915, that I saw h[er] alive on Mar 8 1915, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Metastasis - Pleurisy, Ascites

Symptoms Latent 2 mos.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George W Conner M. D.

Mar 8, 1915. (Address) 5 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ✓ yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 942 N. Castle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill	Mar 10, 1915
20-UNDERTAKER	ADDRESS
Chas X Crocker Son	1906 Eutaw

C83388 HEALTH DEPARTMENT--CITY OF BALTIMORE 91 C83388

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 920 N. Durham ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Pletka

(Residence in Baltimore: No. 920 N. Durham St.: 40 yrs. ~~one~~ mos. ds.)

Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified, is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Feb (Month) (Day), 1875 (Year)

7-AGE 40 yrs. 1 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balt City

PARENTS

10-NAME OF FATHER Frank Hyrt

11-BIRTHPLACE OF FATHER (State or country) Bohemia

12-MAIDEN NAME OF MOTHER Mary Dvazak

13-BIRTHPLACE OF MOTHER (State or country) Bohemia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Pletka

(Address) 920 N Durham

15 Filed MAR - 9 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 8th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1915, to March 7th 1915, that I saw h-e alive on March 7th, 1915, and that death occurred, on the date stated above, at 4.15 a.m.

The CAUSE OF DEATH* was as follows:

Catarrhal Bronchitis & Broncho Pneumonia

(Duration) ..... yrs. 1 mos. 17 ds

Contributory (SECONDARY) Pulmonary Collapse

(Duration) ..... yrs. ~~2~~ mos. 17 ds

(Signed) J. D. Saunders M. D.

March 8, 1915 (Address) 219 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL May 11, 1915

20-UNDERTAKER Frank Erachi Son | ADDRESS 1904 Caldwell

C83389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 V C83389

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2033 E. Lombard ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Zellmeisl

(Residence in Baltimore: No. 2033 E. Lombard St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 8 (Day), 1915 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 25 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leo Zellmeisl

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Keenan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Keenan

(Address) 2033 E. Lombard

15-

Filed MAR 9 1915 19.... Burial Permit Issued ROBERT J. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy of inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) David W. Jones M. D. (Coroner.)

Mar. 9, 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar. 10 1915
20-UNDERTAKER Frank Crosby	ADDRESS 1904 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83390

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C83390

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 O'Donnell ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celeste E. Penn

(Residence in Baltimore: No. 3036 O'Donnell St; 40 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July (Month) 24 (Day) 1872 (Year)

7-AGE: 42 yrs. 7 mos. 12 ds. | If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Iowa

PARENTS

10-NAME OF FATHER: Robert Linamore

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Anna E Armstrong

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Edward Poole

(Address) 3036 O'Donnell st

15- MAR - 9 1915 Filed ..... 191 ROBERT , KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1915, to, March 8 1915, that I saw h.r. alive on March 7 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs ... mos ... ds.

Contributory (SECONDARY) .....

(Duration) ... yrs ... mos ... ds.

(Signed), Frank A. Glantz M.D.

March 8, 1915 [Address] 3244 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. | DATE OF BURIAL: March 10. 1915

20-UNDERTAKER: Wm. E. Black | ADDRESS: 2126 Jefferson St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83391

CERTIFICATE OF DEATH.

92 C83391

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dessie Fine

(Residence in Baltimore: No. 125 E. Fayette St. St.; 6 yrs., ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Feb 18, 1899 (Month) (Day) (Year)

7-AGE, 6 yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto-Md

PARENTS.

10-NAME OF FATHER, Samuel Fine

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Jessie Lowenstein

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... V. Phelps

(Address) Johns Hopkins Hosp.

15-

MAR 10 1915 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 8 1915, to Mar. 9 1915, that I saw h.. alive on Mar. 9, 1915, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alma S. Rollock M. D.

Mar 10 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 6 yrs. ..... mos. 19 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 125 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Workmen circle Home | DATE OF BURIAL, 3/11, 1915

20-UNDERTAKER Jacob Levin | ADDRESS 1419 Bank

Information. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83392

CERTIFICATE OF DEATH.

19 C83392

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Glass.

(Residence in Baltimore: No. 1817 Orleans St. St.; 14 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 5, 1900
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
14 yrs. 6 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Simon Glass.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Jennie Miller

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Glass

(Address) Johns Hopkins Hosp.

15-
Filed MAR 10 1915 HARRY O. ANDREWS, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1915, to Mar 10 1915, that I saw h. alive on Mar 10 1915, and that death occurred, on the date stated above, at 3.55 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis Terminal Pneumonia
Acute Endocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(Duration) yrs. mos. 7 ds.

(Signed) Mildred Glass M. D.

Mar 11, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 5 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1817 Orleans St

19-PLACE OF BURIAL OR REMOVAL, Woodmansie Gale & Parnell | DATE OF BURIAL, 3/10.., 191.5

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E. Balt

Important. See instructions on back of certificate.

C83393

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

REGISTERED No. C 83393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3736 Park Heights Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abner B Whitaker

(Residence in Baltimore: No. 3736 Park Heights Ave St.: 36 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Divorced

6-DATE OF BIRTH: July 15, 1866 (Month) (Day) (Year)

7-AGE: 48 yrs. 7 mos. 23 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Theodore Whitaker

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Emily Brown

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Geo W Whitaker

(Address) 3736 Park Heights Ave

15- MAR 10 1915 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1914, to March 8 1915, that I saw h[illegible] alive on March 8 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY): Chronic interstitial nephritis

(Duration) yrs. mos. ds.

(Signed) Wallace & Cole M. D.

3-10 1915 [Address] 541 Eutaw Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cem. DATE OF BURIAL: March 11, 1915

20-UNDERTAKER: E. Schlosman & Son ADDRESS 1039 Hanover St.

TION is very important. See instructions on back of certificate.

C83394

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C83394

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 715 1/2 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm David Albaugh

(Residence in Baltimore: No. 715 1/2 W. Franklin St.; 14 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 10 (Day) 1869 (Year)

7-AGE: 45 yrs. 2 mos. 29 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bar tender
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Abraham Albaugh

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sarah C. Burns

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Smith

(Address) 715 1/2 W. Franklin

15- Filed MAR 10 1915, 191.....

BARRY C. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 1915, to, Mar 9 1915, that I saw h.. alive on Mar 9 1915, and that death occurred, on the date stated above, at 1 17 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. ..... mos. 11 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Gerlough M. D.

Mar 10 1915 [Address] 1313 W. Pratt St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hampstead Land Co. — DATE OF BURIAL: March 11, 1915

20-UNDERTAKER: Josiah Syfer — ADDRESS: 1100 W. North Ave.

TION is very important. See instructions on back of certificate.

C83395 HEALTH DEPARTMENT--CITY OF BALTIMORE C83395

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 420 N. Stricker St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frances Ellen Lambdin

(Residence in Baltimore: No. 420 N. Stricker St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Feb. (Month) 23 (Day), 1914 (Year)

7 AGE 1 yrs. 13 mos. 13 ds. | If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Lambdin

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marian B. Wirth

13 BIRTHPLACE OF MOTHER (State or country) Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Lambdin

(Address) 420 N. Stricker

15 Filed MAR 10 1915 HARRY U. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to March 8 1915, that I saw h.. alive on March 8, 1915, and that death occurred, on the date stated above, at 11:20 P. m. The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) Asphyxia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Maurice E. Shamer M. D.

Mch 9, 1915 (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cedar Hill | DATE OF BURIAL ... , 1915 MAR 1 1915

20 UNDERTAKER ARMSTRONG-DENNY CO. | ADDRESS 715 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83396 HEALTH DEPARTMENT—CITY OF BALTIMORE 159 C83396

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Carroll Park ST. 21 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ormsby M. Mears

(Residence in Baltimore: No. Balto. County Club. St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Penna

PARENTS.
10-NAME OF FATHER, John W. Mears
11-BIRTHPLACE OF FATHER (State or Country). Penna
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John W. Mears
(Address) Phila Penn

15- FILED MAR 10 1915, 191... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Revolver wound of head
Suicide
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Samuel Hunter M. D.
(Coroner.)
March 10th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Clinton N.Y.	Mar. 10, 1915.
20-UNDERTAKER, W. J. Hickey & Son	ADDRESS North Penn

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83397

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N. Monford Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Bonet

(Residence in Baltimore: No. 831 N. Monford Ave St.; — yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 30 1868
(Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jan Kyzr

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Kvida

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Burns

(Address) 831 N. Monford

15-

Filed MAR 10 1915, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to March 8 1915, that I saw h[er] alive on March 8 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

4

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 1 mos. 14 ds.

(Signed) W. F. Bowers M. D.

March 8 191.. (Address) 2008 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill Cem	March 1915
20-UNDERTAKER	ADDRESS
Jno M Finic	8 Hanover

Important—See instructions on back of Certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 109 C83398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Shank

(Residence in Baltimore: No. Union Bridge Md. St.; — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Milton Warner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) Elmer Shank

(Address) Union Bridge Md.

15-

Filed MAR 10 1915, 191.., HARRY C. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1915, to March 9 1915, that I saw her alive on March 9, 1915, and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Hernia (Duration) ...yrs. ...mos. 1 ds.

(Signed) Elmer N. Lawrence M. D.

3-10-, 1915. (Address) Union Bridge Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Union Bridge Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Union Bridge Md	Mar 12, 1915

20-UNDERTAKER Chas Rose ADDRESS 1003 W Balto

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83399

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83399

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Strieker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence A. Berry

(Residence in Baltimore: No. 406 N. Strieker St; St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Aug. (Month) 8 (Day), 1847 (Year)

7-AGE, 67 yrs. 7 mos. 1 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, James Woon

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary a Woon-Haring

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William T. Berry

(Address) 406 N. Strieker St

15- HARRY O ANDREWS, Registrar's Clerk.

MAR 10 1915

Filed....., 191.....

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1913, to Mar 9th 1915, that I saw h[er] alive on Mar. 9th 1915 and that death occurred, on the date stated above, at 11.25 p m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

?

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs + uremia

(Duration) 6 mos. ds.

(Signed) Silas Bakeman M. D.

Mar 10 1915 (Address) 700 Eng. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar. 13, 1915

20-UNDERTAKER Joseph E. Cook ADDRESS 100 3d St. Balto

C83400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83400

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Bernhard Debring

(Residence in Baltimore: No. 5765 Paca St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 18 (Day), 1866 (Year)

7-AGE, 48 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Haugaard & Bartlett

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Bernhard Debring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helen Brandt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W H Gombel

(Address) 1704 Madison

15-

Filed MAR 10 1915, 191... HARRY O. ANDREWS Registrar.

Burial Permit 9137

CAUSE OF DEATH to be filled in by PHYSICIAN, if known, or by CORONER if any of the following facts are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Letter M. D. (Coroner.)

Mch 10 191.. (Address) 1113 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Mar 11, 1915

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83401 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C83401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Ashland Ave ST.: 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Davenport

(Residence in Baltimore: No. 1516 Ashland Ave St.; 28 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Unknown (Month), 1 (Day), ... (Year)

7-AGE, ... 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Henry Davenport

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Betty Davenport

(Address) 1516 Ashland Ave

15- Filed MAR 10 1915 191.. BARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 9, (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to March 9 1915, that I saw him alive on March 8, 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Senility Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

3/9, 191 5 (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Prospect Va

DATE OF BURIAL, Mar. 10; 1915

20-UNDERTAKER Harry A Vodery

ADDRESS 1723 Orleans St

Spec.—5-19-13—M. & T.—500 Bks.

C83402

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C83402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2321 Fleet St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances C Price

(Residence in Baltimore: No. 2321 Fleet St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 16, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 12 ds.
If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bath

PARENTS.

10-NAME OF FATHER, Joseph Price

11-BIRTHPLACE OF FATHER (State or Country), Bath

12-MAIDEN NAME OF MOTHER Catherine Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Bath

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Price

(Address) 2321 Fleet

15-
Filed MAR 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 6 1915, to Mch 9 1915, that I saw h— alive on Mch 9 1915, and that death occurred, on the date stated above, at 6:15 m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ..... yrs. ..... mos. 1 4 ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wanton M. D.

Mch 10, 191.. (Address) 1 S Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 12, 1915.

20-UNDERTAKER, Wendel Lupsdale Sr ADDRESS 321 Aisquith St

Important: See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83403

CERTIFICATE OF DEATH.

10 C83403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 E. Federal St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy H. Edwards

(Residence in Baltimore: No. 2314 E. Federal St.; ..... yrs., 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, February (Month) 10 (Day), 1845 (Year)

7-AGE, 72 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... School Teacher

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Timothy H. Edwards

(Address) 2314 E Federal St.

15-

Filed MAR 10 1915, 191.....

HARRY O. ANDERSON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 9 1915, that I saw h[illegible] alive on March 9 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) 1 yrs. 2 mos. 5 ds.

(Signed) O. H. Dunker M. D.

March 9 1915. (Address) 928 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Merry Point, Va. — DATE OF BURIAL, Mar 11, 1915

20-UNDERTAKER Penny Hack Son — ADDRESS 1309 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C83404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83404

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Forrest Av ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Bridget Slattery

(Residence in Baltimore: No. 1120 Forrest Av St.; 6 yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, February (Month) ....., 1831 (Day) (Year)

7-AGE, 84 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... maid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Slattery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER May Dillon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Slattery

(Address) 1120 Forrest Av

15- MAR 10 1915 HARRY O. ANDREWS, Special Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 191 5, to March 9 191 5, that I saw her alive on March 8 191 5, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Arterio-Sclerosis

2 years

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) hypertrophy of heart & acute dilatation of

(Duration).....yrs.....mos. 3 ds.

(Signed) Charles O'Donovan M. D.

March 10, 1915. (Address) 55 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, 3-11, 1915.

20-UNDERTAKER H. M. Jenkins Sons Co — ADDRESS Ordway & McCulloh

Important. See instructions for Date of Occurrence.

Spec.—8-24-14—M. & T.—2000 Bks.

C83405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83405

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Ainsmith

(Residence in Baltimore: No. 1114 Madison Ave, St.; ...yrs., 5 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept. (Month) 25 (Day), 1830 (Year)

7-AGE: 84 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Grandison Ainsmith

11-BIRTHPLACE OF FATHER (State or Country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Charlotte Watts

13-BIRTHPLACE OF MOTHER (State or Country): St. Marys Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H.C. Adams

(Address) 1114 Madison Ave

15- Filed MAR 10 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1915, to March 9 1915, that I saw h.. alive on March 9 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) Don't Know yrs. mos. ds.

(Signed) W. G. Watkins M. D.

March 9, 1915 (Address) 1714 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: London Park

DATE OF BURIAL, Mch. 11, 1915

20-UNDERTAKER: Hetzfeldt & Son Co

ADDRESS: McCulloh & Orchard St

C83406

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C83406

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1207 N Gilmore ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Parks

(Residence in Baltimore: No. 1207 N Gilmore St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 9 (Month) (Day), 1863 (Year)

7 AGE: 52 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie L. Parks

(Address) 1207 N Gilmor

15. Filed MAR 10 1915 191.. HARRY C. ARMS Burial Permit 0191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 9 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1915, to March 9 1915, that I saw h~ alive on March 8, 1915 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) ... yrs. 10 mos. 8 ds

Contributory (SECONDARY) Nephritis (Chronic)

(Duration) ... yrs. 3 mos. ... ds.

(Signed) Stafford Draine M. D.

March 9, 1915 (Address) 912 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: March 11th, 1915

20 UNDERTAKER: C H Underwood by

ADDRESS: 1610 E Chase

NOTE.—Above should be filled in by undertaker only. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

583407

42 20880

20880

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 E Madison St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella V. Welch

(Residence in Baltimore: No. 1238 E Madison St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Dec 22, 1861
(Month) (Day) (Year)

7-AGE, 53 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James C Lee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amanda Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Lee

(Address) 1238 E. Madison

15- MAR 10 1915 HARRY O. ARENDS, Official Registrar.
Filed....., 191....
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1913, to Mar 9 1915, that I saw her alive on Mar 7 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

Operation (2 yrs ago)

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) ....yrs. ....mos. ....ds.

(Signed) William E Burdon M. D.

Mar 9, 1915. (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Ann's Annapolis Md	March 11th, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83403 — 40 — C83403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Bank St.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weitzel

(Residence in Baltimore: No. 1420 Bank St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Nov 26th (Month) (Day), 1852 (Year)

7-AGE, 62 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin Weitzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Horst

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mollie Weitzel.

(Address) 1420 Bank St

15-

Filed MAR 10 1915, 19.. MARY O. ANDREWS, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept — 1914, to March 9 1915, that I saw h — alive on March 9 1915, and that death occurred, on the date stated above, at 4/0. m.

The CAUSE OF DEATH* was as follows:

Cancer Liver —

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) M. D.

March 10, 1915. (Address) 1250 Bolton —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 12th 1915.

20-UNDERTAKER George Schulting & Sons — ADDRESS 1126 Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83409

CERTIFICATE OF DEATH.

C83409

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 E. Fairmont St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Reinlein

(Residence in Baltimore: No. 2714 E. Fairmont St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, November 13, 1885
(Month) (Day) (Year)

7-AGE, 29 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Can factory

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Jacob Reinlein

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna May Reinlein

(Address) 2714 E. Fairmont

15- MAR 10 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Mar 9 1915, that I saw h Min alive on Mar 8 1915, and that death occurred, on the date stated above, at 4.30 Pm.

The CAUSE OF DEATH* was as follows:

Acute Bright's

(Duration) ....yrs. ....mos. 38 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Fred Carruthers M. D.

Mar 10, 1915. (Address) 2229 E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, 3/11, 1915

20-UNDERTAKER Wm Cook ADDRESS 1516 N. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83410

CERTIFICATE OF DEATH.

64 C83410

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1414. Laurens. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Powell.

(Residence in Baltimore: No. 1414. Laurens St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 26, 1834
(Month) (Day) (Year)

7-AGE, 80 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christian Barth.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kraft.

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Powell Jr.

(Address) 1414 Laurens St

15- MAR 10 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to March 9 1915, that I saw her alive on March 9 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Hypostasy.

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ...yrs. 3 mos. ...ds.

(Signed) J. Thomas Edson M. D.

March 11 1915. (Address) 1113 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, March 11., 1915.

20-UNDERTAKER Wm Cook ADDRESS 502 E. North Ave

Important. See instructions on back of certificate.

C83411 HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

C83411

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1404 Mount Royal Avenue, ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Corbin,

(Residence in Baltimore: No. 1404 Mount Royal Avenue, St.; yrs. 20 years, ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Divorced,

6-DATE OF BIRTH, January (Month) 12th (Day), 1862. (Year)

7-AGE, 52 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): in private family,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Braxton Beath,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Catherine Lewis,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hezekiah Lewis, brother,

(Address) 1134 Jenkins alley.

15-MAR 10 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Valvular heart disease,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

Mar. 10, 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Taffanmkmf Essex Co Va

DATE OF BURIAL, Mar. 11, 1915.

20-UNDERTAKER Felix B Frye

ADDRESS 102 E Mulberry

CAUSE OF DEATH to be filled in plain terms, so that any person may properly understand it. Technical terms should be avoided. Abbreviations are not important. See instructions on back of certificate.

C83412

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C83412

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2542 Wilkens Ave. ST. 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis A. Tuckerman

(Residence in Baltimore: No. 2542 Wilkens Ave. St.: 40 yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

2-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH March 4, 1875 (Month) (Day) (Year)

7-AGE 40 yrs. mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Louis Tuckerman

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Helena Lohr

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hattie Tuckerman

(Address) 2542 Wilkens Av

15- MAR 10 1915 ROBERT . KRAUTER, Filed ..... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13, 1914, to March 8 1915.

that I saw him alive on March 8, 1915.

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis
Cardiac failure

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Gross M. D.

March 10, 1915 (Address) 1508 W Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: March 11 1915

20-UNDERTAKER: Geo. A. Gerber — ADDRESS: Balto Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83413 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83413

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1086 Carrollton Ave St.) 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Irene Wells

(Residence in Baltimore: No. 1086 Carrollton Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH May 29, 1883 (Month) (Day) (Year)

7-AGE 31 yrs. 9 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER James E Wells

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Susanna Voss

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Chas Eaer

(Address) 400 Mosher

15. Filed MAR 10 1915, 19 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 8, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible], 191[illegible], to 3/8, 1915, that I saw her alive on 3/8, 1915, and that death occurred, on the date stated above, at [illegible] m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 22 ds

Contributory (SECONDARY) Ca Carcinoma

(Duration) yrs. mos. 2 ds.

(Signed), [illegible] M. D.

[illegible], 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cem. DATE OF BURIAL March 191[illegible]

20-UNDERTAKER Sam'l W. Essex Sons ADDRESS 400 Mosher

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C83414

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1629 W. Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Kreager

(Residence in Baltimore: No. 1629 W. Mulberry St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1837 (Year)

7-AGE: 78 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Nova Scotia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: —— Burns

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Holmes

(Address) 1629 W. Mulberry St.

15- Filed MAR 10 1915 191.. ROBERT ... Registrar.

Burial permit issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Saml Hamberg M. D.
(Coroner)

March 10th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dal Ledral — DATE OF BURIAL, Mar 12 1915

20-UNDERTAKER Chas L Cook — ADDRESS No 3 W Balto

CAUSE OF DEATH in plain English, is what may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83415

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83415

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S Luzerne St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valenty Mychalasky

(Residence in Baltimore: No. 805 S Luzerne St St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb. 24, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. — mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Stanislaus Michalak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Agnieszka Borowiak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Michalak

(Address) 805 Luzerne St

15-
MAR 11 1915 HARRY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 1915, to March 9th 1915, that I saw him alive on March 9th 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

.....
.....
Labor Pneumonia
.....
..... (Duration)....yrs....mos. 4....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration)....yrs....mos....ds.

(Signed) ..... M. D.

March 10, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cemetery	Mar. 13, 1915
20-UNDERTAKER	ADDRESS
Stefan Fialkowski	911 Kenwood Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83416

CERTIFICATE OF DEATH.

92 C83416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Derbyshire

(Residence in Baltimore: No. Friendly Inn St.; 4 yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Century (Day) 1850 (Year)

7-AGE, 65 yrs. ... mos. ... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Daniel Derbyshire

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Fanny Robinson

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. J. Sullivan

(Address) Friendly Inn

15- Filed MAR 11 1915, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Mar 8th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7th 1915, to Mar 8th 1915, that I saw him alive on Mar 8th 1915, and that death occurred, on the date stated above, at 9.15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia R. Right
Middle & Upper Lobe
Mitral Regurgitation
..... (Duration).....yrs.....mos....4.....ds.

CONTRIBUTORY..... (Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) B. H. Christensen M. D.

Mar 18 1915 (Address) Friendly Inn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 4 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Balto

Former or usual residence Friendly Inn.

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cemy — DATE OF BURIAL, Mar. 11. 1915.

20-UNDERTAKER Alfred E. Fuller — ADDRESS 921 N Broadway

Important: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83417 64 C83417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 E 23d ST.; 9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Duncan

(Residence in Baltimore: No. 733 E 23d St.; 14 yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1858 (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benj. Timmons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Duncan

(Address) 733 E 23d St Baltimore

15-

Filed MAR 11 1915 191 HARRY O ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8th 1915, to Mar. 10 1915, that I saw her alive on March 10 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 3 ds.

(Signed) C. H. Beelem M. D.

3-10, 1915. (Address) 1201 Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hillard Md DATE OF BURIAL, Mar 11, 1915

20-UNDERTAKER H. S. Marshall ADDRESS 350 Fallon Rd

Important: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83418

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83418

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Senica St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva. Hahn

(Residence in Baltimore: No. 3436 Senica St.

St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, John Hahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Heeman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Albert Hahn
(Address) 3436 Seinca St.

15-
Filed MAR 11 1915, 191...
Registrar. [illegible] Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1914, to Mar 10 1915, that I saw her alive on Mar 9 1915, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 11 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. — mos. — ds.

(Signed) [illegible] M. D.

Mar 10, 1915. (Address) 529 N 36 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetry	Mar. 12, 1915
20-UNDERTAKER	ADDRESS
A.S.Marshall 3539 Falls	Road

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83419 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 45 C83419

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 E. Fairmount Ave 6 WARD) REGISTERED No. C.....

2-FULL NAME Caleb F. Bond

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2500 E. Fairmount Ave St.; If less than 1 day, ...hrs. ....mins.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 28th (Day) 1871 (Year)

7-AGE. 43 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fish Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER, Caleb Bond

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary E. Shane

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Bond

(Address) 2500 E. Fairmount Ave

15-

Filed MAR 11 1915, 191.... HARRY O. ANDREWS, EXPERT TYPIST

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 8- (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15- 1914, to Mar 8- 1915, that I saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Apex-Pneumonia Sec Ray Taken
Accidental Fall Carbuncle
Pneumonia

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) ....yrs. ....mos. 2 ds.

(Signed) H. C. Rizer M. D.

Mar 10, 1915. (Address) 143 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, March 11, 1915

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St.

Spec.—8-24-14—M. & T.—2000 Blks.

C83420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83420

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E Monument St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Petitt

(Residence in Baltimore: No. 2424 E Monument St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Sept. (Month) 2nd (Day) 1852 (Year)

7-AGE. 62 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Sayrae Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Harriet Stapleton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvester Petitt

(Address) 2424 E. Monument St.

15-

MAR 11 1915 HARRY O. ANDREWS,

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1915, to Mar. 10 1915, that I saw h.. alive on Mar. 9 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Asthenia

.....

.....

.....(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchs

Pneumonia (Duration) ...yrs. ...mos. 7 ds.

(Signed) Abm. B. Lemmon M. D.

Mar. 12, 1915. (Address) 711 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, March 14 1915

20-UNDERTAKER H. Sander Sons | ADDRESS 1710 Block

Important—See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83421

CERTIFICATE OF DEATH.

29 C83421
REGISTERED NO. C.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1527 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Eastwood

(Residence in Baltimore: No. 1527 E. Monument St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 25 (Day), 1854 (Year)

7-AGE, 60 yrs. 2 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jerome B. Magruder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Josephine Deveraux

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Belle Hall
(Address) 829 N. Lakewood

15-
Filed MAR 11 1915 191
BUREAU OF ARCHIVES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1914, to March 10 1915, that I saw h[er] alive on March 7th 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Chronic Vulvular Heart Disease

(Duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) John D. Peck M. D.

March 16 1915 (Address) 936 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mch. 14, 1915

20-UNDERTAKER Zickler & Zickler — ADDRESS 1737 E. Eager

Important. See instructions on back of certificate.

C83422

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83422

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2827 Woodbrook Ave., St.; 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Christine Gallagher

(Residence in Baltimore: No. 2827 Woodbrook Ave., St.; 34 yrs. 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: June (Month) 24 (Day), 1890 (Year)

7-AGE: 34 yrs. 8 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Beck

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lizzie Prager

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Beck

(Address) 2827 Woodbrook Ave.

15. Filed MAR 11 1915, 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 9, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to Mar 9 1915, that I saw h[illegible] alive on Mar 9, 1915, and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. L. Lloyd M. D.
Mar 10, 1915 (Address) 2525 Pima Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 12, 1915

20-UNDERTAKER: Chas. E. Franck — ADDRESS: 902 Madison Ave.,

NOTE.—Each question must be answered if certificate is to be complete. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83423 HEALTH DEPARTMENT--CITY OF BALTIMORE 42 C83423

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1947 Edmondson Ave ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Dinkelman

(Residence in Baltimore: No. 1947 Edmondson Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Dec. (Month) 13th. (Day), 1866 (Year)

7-AGE 48 yrs. 2 mos. 23 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Gottlieb Mezger

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Zeller

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. H. Dinkelman.

(Address) 1947 Edmondson Ave.

15. MAR 11 1915 HARRY O ANDREAS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 9th (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1913, to, March 9th 1915, that I saw h.. alive on March 8th, 1915, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

(a) Incurable Uterus

(Operation)

..... (Duration) 1 yrs. 4 mos. ds

Contributory (SECONDARY) Exhaustion

..... (Duration) yrs. mos. 4 ds.

(Signed) Chas. H. Dinkelman M. D.

March 9th, 1915 (Address) 1947 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: March 11th 1915

20-UNDERTAKER: Chas. E. Franck | ADDRESS: 802 Madison Ave.

R. B.—Every question must be answered. Where the word "none" is the correct answer, write it. Do not use ditto marks. Unless the cause of death can be properly classified, Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83424

CERTIFICATE OF DEATH.

C83424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah L Lockerman

(Residence in Baltimore: No. Cris field md St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Wh	Married

6-DATE OF BIRTH. June 4 1862
(Month) (Day) (Year)

7-AGE. 52 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eliza Maddox

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan L Lockerman

(Address) Cris field Maryland

15-

MAR 11 1915

Filed ....., 191.. HARRY J. ANDERS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 11 1915, that I saw h[illegible] alive on March 11 1915, and that death occurred, on the date stated above, at 4.05 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Uterus

Duration ..... (Duration) 1 yrs. (?) mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) A Addington M. D.

March 11, 1915 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Cris field, Md

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, Cris field, Md. DATE OF BURIAL, March 13, 1915

20-UNDERTAKER Joseph D. Cook ADDRESS 1032 W Balto St.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83425

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C83425

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N Whalcat ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin James Wright

(Residence in Baltimore: No. 805 N Whalcoat St.; 4 yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Oct (Month) 26 (Day), 1911 (Year)

7-AGE,	If LESS than 1 day.
..yrs. 4 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Wright

11-BIRTHPLACE OF FATHER (State or Country), Easton Md.

12-MAIDEN NAME OF MOTHER Virginia Jones

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Wright

(Address) 805 N Whalcat St.

15- MAR 11 1915

Filed....., 191.... HARRY O. ANDREWS, Chief Bureau of Vital Statistics

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 20th 1915, to March 9th 1915, that I saw him alive on March 9th 1915, and that death occurred, on the date stated above, at 4-15 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchial

(Duration) ....yrs. 1 ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C W Barker M. D.

March 9 1915. (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Alum.	March 11, 1915.
20-UNDERTAKER	**ADDRESS**
W Z Parham	820 Pleasant

Important. See instructions on back of certificate.

C83426

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83426

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C 64

CITY OF BALTIMORE: (No. Aged Mens Home St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Jackson Kone

(Residence in Baltimore: No. 1400 W Lexington St.; 91 yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widower

6-DATE OF BIRTH: Jan (Month) 20 (Day), 1824 (Year)

7-AGE: 91 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimd.

PARENTS

10-NAME OF FATHER: Daniel Kone

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Mary Marks.

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Miss H.D. Gilmanson

(Address) 1400 W. Lexington St

15- Filed MAR 11 1915, 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch 10 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25, 191..., to, Mch 10 191..., that I saw h... alive on Mch 10 191..., and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Hemiplegia)

(Duration) ... yrs. ... mos. 14 ds.

Contributory (SECONDARY) Cerebro-Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) J.B. Norwood M. D.

Mch 10 191 5 [Address] 739 N Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 15 yrs 9 mos 16 ds. In the State 91 yrs 1 mos 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Aged Mens Home

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: March 12, 1915

20-UNDERTAKER: George J Smith — ADDRESS: 1017 E Fayette St

Blank CAUSES OF DEATH in plain words, so that it may be understood by the public generally. Every statement on this certificate. TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83427

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83427

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen. Hosp. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Holland

(Residence in Baltimore: No. 928 N Whatcoat St. St.: 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknow ....., 1895
(Month) (Day) (Year)

7-AGE, ...20.... yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Holland

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (State or Country), Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Holland

(Address) 928 N Whatcoat St

15-

Filed MAR 11 1915 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8 1915., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 191 5, to March 8 191 5, that I saw h[illegible] alive on March 8 1915. 191, and that death occurred, on the date stated above, at 9.45A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) XXX yrs. XXXX mos. 10 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles E Clark M. D.

March 8 1915 (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. 4 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 928 Whatcoat St.

Former or usual residence 928 Whatcoat St.

19-PLACE OF BURIAL OR REMOVAL, Mt Calvary — DATE OF BURIAL, Mar 10, 1915

20-UNDERTAKER Celebrity — ADDRESS James H Dennis, 903 Pennsylvania

Spec.—5-19-13—M. & T.—500 Bks.

C83428 HEALTH DEPARTMENT—CITY OF BALTIMORE C83428

53

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Fawn St. ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Katz

(Residence in Baltimore: No. 1009 Fawn St. St. 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1837 (Year)

7-AGE,	If LESS than 1 day,
78 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Katz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ella Katz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 1009 Fawn St

15-

Filed MAR 11 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1915, to March 10, 1915, that I saw him alive on March 10, 1915, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphatic Leukaemia

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Levin M. D.

3/11.., 191.5 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1009 Fawn St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union & Rus — DATE OF BURIAL, Mar. 11, 191..

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto Street

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83429

HEALTH DEPARTMENT—CITY OF BALTIMORE

9V C83429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Conway

(Residence in Baltimore: No. (1402 Rock) Eastern ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR 11 1915, 191..... HARRY O. ADAMS, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1915, to Mar 10 1915, that I saw him alive on Mar 10 1915, and that death occurred, on the date stated above, at 6 Hm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

..... (Duration) ..... yrs. ..... mos. 1+1 ds.

(Signed) H. H. Williams M. D.

Mar 10, 1915. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Eastern ave

Former or usual residence Eastern ave

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, Mar 10, 1915

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83430

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C83430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 E Monument ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Bond

(Residence in Baltimore: No. 1431 E Monument St.; 2 yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day) 1913 (Year)

7-AGE, 2 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Isle Florida

12-MAIDEN NAME OF MOTHER Zda Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. G. W. Hammond

(Address) 708 Eutaw St

15- MAR 11 1915

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1915, to March 7 1915, that I saw him alive on March 7 1915, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Pneumonia

Heart

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Lung Disease

(Duration) yrs. mos. 5 ds.

(Signed) G. W. Hammond M. D.

March 8, 191.. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, Mar 10, 1915

20-UNDERTAKER Commissioner Health. ADDRESS

By W. Woodward

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

C83431

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83431

1-PLACE OF DEATH U.S. Marine Hospital REGISTERED No. C

CITY OF BALTIMORE: (No U.S. Marine Hospital ST. WARD

2-FULL NAME Phillip Jones

(Residence in Baltimore: No. U.S. Marine Hospital St., yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Mar 5 1895
(Month) (Day) (Year)

7-AGE 20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Not known

11-BIRTHPLACE OF FATHER (State or country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or country) Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Jones

(Address) Clairmont Va

15- Filed MAR 11 1915 191

HARRY O. ALTEKRUSE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch. 10 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1915 to March 10 1915, that I saw him alive on March 10 1915, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Stated To months (Duration) Feb 2 - March 10th

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) H. A. Carter M. D.

March 11 1915 [Address] U.S. Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 1 mos 9 ds. In the State 9 yrs mos ds.

Where was disease contracted, if not at place of death? 9

Former or usual residence Sailor - No stone residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn DATE OF BURIAL Mch 13 1915

20-UNDERTAKER John H Toadvine ADDRESS 142 Wilkes St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83432

CERTIFICATE OF DEATH.

X 91 C83432

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mearty

(Residence in Baltimore: No. Ellicott City St.; ? yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	?

6-DATE OF BIRTH, ? ....., 1 .....
(Month) (Day) (Year)

7-AGE, 55 (?) yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farm Hand

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR 11 1915 Filed....., 191.. Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 5th 1915, to February 7th 1915, that I saw h.. alive on February 6th 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

? (Duration)..yrs..mos..ds.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis Acute Nephritis. ?

(Duration)..yrs..mos. ?..ds.

(Signed) W Kauzenbach M D (M. D.

3-8, 1915. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State ? yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Ellicott City Md.

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND | DATE OF BURIAL, Mar 10, 1915

20-UNDERTAKER | ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83433

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 W Saratoga ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick G. Stolpp

(Residence in Baltimore: No. 311 W Saratoga St.; ...yrs,...mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. April 4th, 1850
(Month) (Day) (Year)

7-AGE. 64 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Confectioner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. John L. Stolpp

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Louise T. Leib

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Eddleman

(Address) 1700 Madison Ave

15-

Filed MAR 11 1915, 191... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from for 35 yrs 191..., to March 9, 1915, that I saw him alive on March 1 1915, and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Mitral condition of heart,

(Duration) Years

CONTRIBUTORY. Over work all his life
(Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) Wilbur P. Mowen M. D.

Mar 10, 1915. (Address) 215 W Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery. DATE OF BURIAL, March, 12 1915

20-UNDERTAKER Stewart & Mowen Co. ADDRESS 108 W. North A.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83434

CERTIFICATE OF DEATH.

79 C83434

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 839 Asquith Street. (St.;) 10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Sollers Bouldin.

(Residence in Baltimore: No.) 839 Asquith Street. (St.; 74 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Single.

6-DATE OF BIRTH, April (Month) 15 (Day), 1840. (Year)

7-AGE, 74 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher.

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Alex. J. Bouldin.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Arianna Sollers.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. P. Stevens.

(Address) 1221 Madison Ave.

15-

Filed MAR 11 1915 191.... HARRY O. ANDREWS, Registrar.

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1914, to March 9 1915, that I saw h[illegible] alive on March 9 1915, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3/10, 1915 (Address) 1733 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Green Mount Cemetery.	March 11 1915
20-UNDERTAKER	ADDRESS
Stewart & Mowen Co.	108 W. North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83435

CERTIFICATE OF DEATH.

66 C83435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Oakley ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah W Mehner

(Residence in Baltimore: No. 2003 Oakley St

St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 4 (Day), 1837 (Year)

7-AGE, 77 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Weatherstrip
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Mehner

(Address) 2023 W. Lanvale St

15- MAR 11 1915

Filed....., 191.... HARRY O. ANDREWS.....

Burial Permit [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 9 191 5, to Mch 9 1915, that I saw h[illegible] alive on Mch 9 1915, and that death occurred, on the date stated above, at 11 10 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration)....yrs....mos.... 6 hrs

CONTRIBUTORY (Secondary).....

(Duration)....yrs....mos....ds.

(Signed) C K Dixon M. D.

Mch, 191 5 (Address) 9 E 7 Camden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, March 17, 1915

20-UNDERTAKER Stewart & Mowen Co.

ADDRESS 108 W Mt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

8 C83436

HEALTH DEPARTMENT—CITY OF BALTIMORE

42 C83436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Agnes King

(Residence in Baltimore: No. St. Joseph Hospital 211 W. Mulberry St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ? (Month) ? (Day) 1? (Year)

7-AGE, About 50 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Flaherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss L. King

(Address) 102 W. North Ave.

15- MAR 11 1915 HARRY O. ANDREWS Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1914, to March 11 1915, that I saw her alive on March 10 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Endothelioma Ileum

Intussusception

Pneumothorax Chronic

(Duration) 7 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ? yrs. mos. ds.

(Signed) W. L. Dennis M. D.

March 11 1915 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 3 ds. In the State 45 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 211 W. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	March 13, 1915
20-UNDERTAKER	ADDRESS
Stewart & Howard Co	108 W. North Ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 83437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Aisquith ST.; 5 WARD)

2-FULL NAME Kristina Johnson

(Residence in Baltimore: No. 707 Aisquith St.; ~ yrs. ~ mos. ~ ds.)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE, 6 5 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D G Hill - Supt. Inmas.

(Address) 417 Mosher St.

15-

Filed MAR 11 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to March 10 1915, that I saw h m alive on March 8 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Mitral & Aortic Insufficiency

Instant (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia

Ins. Insuff. (Duration) 2 yrs. 2 mos. ~ ds.

(Signed) J. Edward Fisher M. D.

Mar. 11, 1915. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Mar 12 1915

20-UNDERTAKER Theodore White — ADDRESS 1702 Gaught St

Spec.—8-24-14—M. & T.—2000 Bks.

C83438

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83438

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corbella Hill

(Residence in Baltimore: No. 316 S. Clinton St (Balto Co.) ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black.	Sing

6-DATE OF BIRTH. December 23, 1911.
(Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Walter Hill

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C Phelps.
(Address) Johns Hopkins Hosp.

15- Filed MAR 11 1915, 191.. HARRY O. ADLER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1915, to Mar. 9, 1915, that I saw h[er] alive on mar 9 1915, and that death occurred, on the date stated above, at 10 25 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Alwin S. Rathbot M. D.
Mar 9 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 6 ds. In the State 3 yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence 316 S. Clinton St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, 3/11, 1915

20-UNDERTAKER Smith & Townsley ADDRESS 557 N Bdwy

C83439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C83439

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1454 Viconico ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Louise Wilsens

(Residence in Baltimore: No. 1454 Viconico St.)

10 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Aug 23rd, 1904
(Month) (Day) (Year)

7-AGE: 10 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: William Wilsens

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Susie Long

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Wilsens

(Address) 1454 Viconico St.

15- MAR 11 1915 Filed....., 191.....

Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidently received while playing with fire

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Sam'l Wemberg M. D.
(Coroner)

March 10th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Mar 13. 1915.

20-UNDERTAKER [illegible] — ADDRESS 502 E York

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83440

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 C83440

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mason

(Residence in Baltimore: No. St. Paul St. St.; yrs. 5 mos. 2 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	Single

6-DATE OF BIRTH Sept 18, 1914 (Month) (Day) (Year)

7-AGE yrs. 5 mos. 2 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: James Gordon

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Louisa Mason

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Mother Mary Mildred

(Address) St. Elizabeth Hom

15- MAR 11 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR Leo H. Holland

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct, 1914, to, Mar 11 1915, that I saw h.m alive on Mar 12 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs 1 mos 2 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edward F. Fuchswald M. D.

Mar 11, 191 5 [Address] 1610 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Grave

DATE OF BURIAL: Mar. 11th, 191 5

20-UNDERTAKER: Leo H. Holland

ADDRESS: Robert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83441

CERTIFICATE OF DEATH.

91 C83441

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Exeter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter De Flavis

(Residence in Baltimore: No. 435 N. Exeter St.; ...yrs., ...mos. ...ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3rd (Month) (Day), 1914. (Year)

7-AGE, ...yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Deflavis

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Anna Peraglosda

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Deflavis

(Address) 435 N. Exeter St.

15-

Filed....., 191.....

MAR 11 1915 Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10., (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1915, to March 10 1915, that I saw h alive on March 10 1915, and that death occurred, on the date stated above, at 1. P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Valentine M. D.

March 11, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem

DATE OF BURIAL, March 11, 1915.

20-UNDERTAKER Lilly & Zeller

ADDRESS 4032 Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

C83442 HEALTH DEPARTMENT—CITY OF BALTIMORE 19 C83442

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Illian

(Residence in Baltimore: No. 3302 Miller st Balt. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 9 (Day), 1903 (Year)

7-AGE, 11 yrs. 11 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attended
(b) General nature of industry, business, or establishment in which employed (or employer): School.

9-BIRTHPLACE, (State or Country), Baltimore Co

PARENTS.

10-NAME OF FATHER, Frederick C. Illian.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Katharine Horak

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Illian

(Address) 3302 Miller St

15- MAR 11 1915 HARRY O. ANDREWS, Filed ..., 191... Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2 1915, to Mar 9 1915, that I saw her alive on Mar 9 1915, and that death occurred, on the date stated above, at 330 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Mitral Insufficiency

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Pleurisy with Effusion

(Duration) ...yrs. One month

(Signed) J. H. W. Clopper M. D.

Mar 9, 1915. (Address) 10 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 7 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 3302 Miller st

Former or usual residence 3302 Miller st

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, March 12 1915

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 E Monument St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83443

CERTIFICATE OF DEATH

40 C83443

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1415 N Caroline ST. 8th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Cornelia Mason

(Residence in Baltimore: No. 1415 N Caroline st St.: 1 yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: September 20th (Month) (Day), 1844 (Year)

7 AGE: 70 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Nicholas Burke

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Beamer

13 BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W E Mason

(Address) No 1405 N Caroline st

15 MAR 11 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 10 (Day), 1915. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 1914 to March 10 1915, that I saw her alive on March 10 1915, and that death occurred, on the date stated above, at 9-15 P m.
The CAUSE OF DEATH* was as follows:

Gastric Epithelioma

(Duration) ... yrs. 6 mos. ds

Contributory (SECONDARY) Invanition

(Duration) ... yrs. 1 mos. 14 ds.

(Signed) D W Cathell, M. D.

March 11, 1915. (Address) 1636 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cem. DATE OF BURIAL: Mch. 13, 1915

20 UNDERTAKER: McLean & Jones ADDRESS: 833 Linden Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83444

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C83444

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Diamond St.: 4 WARD)

2-FULL NAME Rose Kellum

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 317 Diamond St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	widow

6-DATE OF BIRTH: Aug. (Month) 1 (Day), 1845 (Year)

7-AGE: 69 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): family work

9-BIRTHPLACE (State or country): Accomac Co. Va.

PARENTS

10-NAME OF FATHER: not known to informant

11-BIRTHPLACE OF FATHER (State or country): not known to informant

12-MAIDEN NAME OF MOTHER: Peggy Polson

13-BIRTHPLACE OF MOTHER (State or country): Accomac Co, Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Scott

(Address) 317 Diamond

15- Filed MAR 11 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1915, to, Mar. 9 - 1915, that I saw h.... alive on Mar. 9 - 1915, and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(Duration) about one yr. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac hypertrophy and Vascular lesions (Duration) about 3 yrs. ..... mos. ..... ds.

(Signed), Chas. L. McCarthy M. D.

Mar. 10 - 1915. [Address] 916 N. Hutchins St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Dem. | DATE OF BURIAL: March 13 1915

20-UNDERTAKER: Daniel Easton | ADDRESS 916 Penna ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83445 / C83445

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hanny Moore

(Residence in Baltimore: No. 554 St. Mary st St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1897 (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Washington

(Address) 556 St Mary's Road

15- Filed MAR 11 1915 ROBERT V. KRACTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to March 10 1915, that I saw him alive on March 9 1915, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) John D. Franby M. D.

3/10, 1915. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 10 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 554 St mary st -

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	March 14, 1915
20-UNDERTAKER Daniel Eaton	ADDRESS 916 Penna ave

C83446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C83446
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2656 Wilkens Ave ST. 20 WARD)
(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Joseph Kapraun

(Residence in Baltimore: No. 2656 Wilkens Ave St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH December 5th, 1913
(Month) (Day) (Year)

7-AGE 1 yrs. 3 mos. 5 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Conrad J Kapraun
11-BIRTHPLACE OF FATHER (State or country): Baltimore Md
12-MAIDEN NAME OF MOTHER: Christina A Hohman
13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Conrad J Kapraun
(Address) 2656 Wilkens Ave

15 MAR 11 1915 Filed ....., 191. ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 10, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1915, to, March 10 1915, that I saw h-im alive on March 9, 1915, and that death occurred, on the date stated above, at 6.40 a m.
The CAUSE OF DEATH* was as follows:

Fa Grippe.

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) "Grippe" Convulsions 15 Minutes
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Owens M. D.
March 10, 1915 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Cathedral	March 12th 1915
20-UNDERTAKER	ADDRESS
Jno B Brothers	2 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83447

CERTIFICATE OF DEATH.

170 C83447

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Linden Ave.; ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Marcus.

(Residence in Baltimore: No. 2400 Linden Ave. St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married,

6-DATE OF BIRTH, May. (Month) 30th., (Day) 1854. (Year)

7-AGE, 60 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Henry Marcus,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Helena Samuels,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Mrs. M. Marcus,.....

(Address).....2400 Linden Ave.,.....

15-

Filed MAR 11 1915 191.... ROBERT . ERAUTER, Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 191.1, to March 10th 1915, that I saw him alive on March 10th 1915, and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Chronic (interstitial) nephritis.

..... (Duration) 4 yrs. + mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) — yrs. — mos. 4 ds.

(Signed) Louis P. Hamburger M. D.

March 11, 191.5 (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cheb Shalom,	Mch. 12th 191.5
20-UNDERTAKER	ADDRESS
David Rosenheim	1128 W. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

C83448

CERTIFICATE OF DEATH.

79 C83448

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Levi

(Residence in Baltimore: No. 802 S North St.; ....yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. (Month) 10th. (Day), 1857. (Year)

7-AGE, 58 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Pawnbroker,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. MD

PARENTS.

10-NAME OF FATHER, Solomon Levi,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Rebecca Hertzog

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Levi,

(Address) 802 W. North Ave.

15- Filed MAR 11 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 191 5, to March 10 1915, that I saw h alive on March 10 1915, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Dilatation Acute

(Duration) yrs. mos. ds.

(Signed) Jos. H Bratton M. D.

March 10, 191 5 (Address) 2700 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 802 W North Ave

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew

DATE OF BURIAL, March 12 1915.

20-UNDERTAKER David Sondheim ADDRESS 1180 W Mt Royal Ave

Important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83449 — 19 C83449

Registered No. C.....

1-PLACE OF DEATH

City of Baltimore (No. 769 W. Cross St.; 21 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Isabelle O. Salgues

(Residence in Baltimore: No. 769 W. Cross. wife of Jr. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 5th, 1837 (Month) (Day) (Year)

7-AGE: 77 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Born on sea on sailing vessel "Joanelle" between North & South Carolina

PARENTS

10-NAME OF FATHER: John B. Salgues

11-BIRTHPLACE OF FATHER (State or country): West India

12-MAIDEN NAME OF MOTHER: Margt. Barbine

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph D. Stevens

(Address) 769 W. Cross St

15- FILED MAR 11 1915 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 9th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1915, to March 8th, 1915, that I saw h-er alive on March 8th, 1915, and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Chronic Myocarditis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) M. Kahn M. D.

Mch 10th, 1915 (Address) 697 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: BURIED AT

DATE OF BURIAL: MAR 13 1915, 191

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83450

CERTIFICATE OF DEATH.

108 C83450

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Schaefer

(Residence in Baltimore: No. 837 Edmondson Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 11th, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas O Schaefer Jr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sadie Mills

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles O Schaefer

(Address) 837 Edmondson Ave

15-MAR 11 1915 ROBERT , KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 16 1915, to March 11 1915, that I saw h.. alive on March 11 1915 and that death occurred, on the date stated above, at 2-15 P m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) R L Johnson M. D.

March 11, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 23 ds.

Where was disease contracted, if not at place of death? 837 Edmondson Ave

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, March 14 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 Monroe

C83451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 C83451

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N Milton Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Fiss

(Residence in Baltimore: No. 1629 N Milton Ave St.; ....yrs....mos....ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX F

4-COLOR OR RACE White

5-[redacted] WIDOWED [redacted]) Widow

6-DATE OF BIRTH About 22 (Month) (Day) 1840 (Year)

7-AGE 74 yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE (State or country) Rockridge Co Va

PARENTS

10-NAME OF FATHER James G. Dryden

11-BIRTHPLACE OF FATHER (State or country) Rockridge Co Va

12-MAIDEN NAME OF MOTHER Mildred Thompkins McDaniel

13-BIRTHPLACE OF MOTHER (State or country) Rockridge Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. Fiss

(Address) 1629 N. Milton Ave

15- MAR 11 1915 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 9th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to March 9th, 1915, that I saw h.... alive on March 8th, 1915, and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH* was as follows:

Diabetes of Age

(Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) Acute Bronchitis

(Duration) 6 yrs. 15 mos. ....ds.

(Signed) Edwin C. Ewell M. D.

March 9, 1915. [Address] 1419 Eutaw St

*Insert the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Shepherdstown W. Va. DATE OF BURIAL Mar 12 1915

20-UNDERTAKER Emil Herwig ADDRESS 2016 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

S C83452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83452

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Regester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Lohrey

(Residence in Baltimore: No. 21 S. Regester St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 25th, 1864
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa W. Lohrey

(Address) 21 S. Regester

15- Filed MAR 11 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) – 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1914, to Mar. 10 1915, that I saw him alive on Mar 10 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tubercul[osis]

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) J. Gaab, M. D.

3-11, 1915. (Address) 111 E. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Mar 13 1915

20-UNDERTAKER Philip Henry ADDRESS 2016 Aliceanna

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83453

CERTIFICATE OF DEATH

C83453

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. St. Joseph's Hospital St.; WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Louise Haney
(Residence in Baltimore: No. Salisbury, Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Mar 7 (Month), 1844 (Day) (Year)

7-AGE 71 yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.
10-NAME OF FATHER, Dont know
11-BIRTHPLACE OF FATHER (State or Country), Balto Md
12-MAIDEN NAME OF MOTHER Dont know
13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Charles Coady
(Address) 2520 Bath St.

15- MAR 11 1915 Filed, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1915, to Mar 9 1915, that I saw h.. alive on Mar 9 1915, and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
Edema of Glottis & Pleurisy
Operation
(Duration) ....yrs. ....mos. 15 ds.
CONTRIBUTORY (Secondary) Carcinoma of Liver
(Duration) ....yrs. ....mos. 2 ds.
(Signed) Edward L. Johnson M. D.
Mar 9, 1915. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State 71 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Salisbury Md
Former or usual residence Salisbury Md

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Mar 12, 1915
20-UNDERTAKER John A Moran ADDRESS Bank

important. See instructions on back of certificate.

C83454

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83454

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1157 Leadenhall ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Scully

(Residence in Baltimore: No. 1157 Leadenhall St.; 15 yrs. 9 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH May (Month) 22 (Day), 1896 (Year)

7 AGE 18 yrs. 9 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Denis Scully

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Fahely

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Scully

(Address) 1157 Leadenhall St

15 Filed MAR 11 1915, 19.. ROBERT . KRAUTER, Burial Permit Issuing Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mch (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1915 to Mch 9 1915.

that I saw h~~e~~ alive on Mch 9, 1915.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Lungs

(Duration) ~ yrs. 3 mos. ~ ds

Contributory (SECONDARY) Exhaustion.

(Duration) ~ yrs. ~ mos. 2 ds.

(Signed) F. C. Ferguson M. D.

3/10, 1915 (Address) 1320 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Patricks Cemetery | DATE OF BURIAL: March 12, 1915

20 UNDERTAKER: H. & M. S. Flynn | ADDRESS: 422 Light St

A K S . A . F . E . T .

Spec.—5-19-13—M. & T.—500 Bks.

C83455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 C83455

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul H Payne

(Residence in Baltimore: No. 1818 E Chase St.; ....yrs., ...mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 7th, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry R Payne

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Kouschke

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry R Payne

(Address) 1818 E Chase St.

15- MAR 11 1915 ROBERT . KRAUTER Burial Permit Clerk

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1915, to March 11 1915, that I saw him alive on March 11 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Intussusception of bowel

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter W White M. D.

March, 1915. (Address) 1101 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Mar. 13, 1915

20-UNDERTAKER H H Tenney

ADDRESS 1111 N Bway

important. See instructions on back of certificate.

C83456

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83456

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Frederick Rd. ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Carter

(Residence in Baltimore: No. 2815 Fredreick Rd. St.; — yrs. — mos. — ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: June (Month) 6 12 (Day) 1857 (Year)

7-AGE: 57 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Miss
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: John D. Heidrich

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anst Knaus

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Carter Jr.

(Address) 2039 Watkins Ave. Balto

15- Filed MAR 12 1915, 191... HARRY O. ANDREWS, Director of Vital Statistics
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov., 1914, to, March 10 1915, that I saw her alive on March 10 1915, and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed), Philip B. Towles M. D.

Mar 11 1915. [Address] 1432 William St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery Ardmore Penna

DATE OF BURIAL: March 13th 1915

20-UNDERTAKER: Knull & Son

ADDRESS: 1729 W Pratt St

C83457

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 C83457

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 702 Mulberry ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Clark

(Residence in Baltimore: No. 702 Mulberry St.: —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col.	Widow

6-DATE OF BIRTH, September, 1847.
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Anderson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lizzie Young

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Clark

(Address) 702 Mulberry St.

15- Filed MAR 12 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Peters M. D.
(Coroner.)

March 6 1915 (Address) 413 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, March 12, 1915

20-UNDERTAKER John Bowman — ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83458

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 C83458

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1354 Cleveland ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bernard Thornton

(Residence in Baltimore: No. 1354 Cleveland St.; yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 2 1914 (Month) (Day) (Year)

7 AGE: — yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: James Thornton

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Maizella Wallace

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Thornton

(Address) 1354 Cleveland St.

15 MAR 12 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 11, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1915, to Mar. 11 1915, that I saw him alive on Mar 7, 1915, and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Malnutrition

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Stanley Stoag M. D.

March 11, 1915 (Address) 729 Columbian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: March 12 1915

20 UNDERTAKER: John Lerman — ADDRESS: 901 Hollins

C83459

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83459

CERTIFICATE OF DEATH.

182

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1737 Mac Cubbin ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bantum

(Residence in Baltimore: No. 1737 Mc Cubbin St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown (Month), (Day), 1 (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: porter in saloon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Collins

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Meyers

(Address) 1716 Mc Cubbin

15- MAR 12 1915 HARRY O. ANDREWS, Burial Permit Clerk.

FILED 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Gunshot wounds (through heart & lungs) and internal hemorrhage, inflicted by someone in self defense, Homicide (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Moses M. Savage, M. D. (Coroner)

March 9 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Ashburg Cem.	Mar 12th 1915
20-UNDERTAKER	ADDRESS
Harry A. Doherty	1725 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83460

CERTIFICATE OF DEATH.

30 C83460

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Holthaus

(Residence in Baltimore: No. 1211 N. Gay St.; ..... yrs., 8 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1906 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 8 mos. 12 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Holthaus

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Theresa Brenning

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Holthaus

(Address) 1211 N. Gay St.

15- MAR 12 1915 HARRY O. ANDREWS, Special Permit Clerk

Filed..... 191.. .....

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1915, to March 11 1915, that I saw him alive on March 11 1915, and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

1 Tuberculous Meningitis

..... (Duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

..... (Duration) X yrs. X mos. 5 ds.

(Signed) O. H. Decker M. D.

Mch 12, 1915. (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 13, 1915
20-UNDERTAKER Henry Horch & Son	ADDRESS 1301 E. Eager St

C83461 HEALTH DEPARTMENT--CITY OF BALTIMORE 28 C83461

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 716 E Biddle St.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Nagle

(Residence in Baltimore: No. 716 E Biddle St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known, 1 (Month) (Day) (Year)

7-AGE: 61 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Varnisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Henry Nagle

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Nagle

(Address) 716 E Biddle

15 MAR 12 1915 (c) HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 15, 1915, to, March 11, 1915, that I saw h[illegible] alive on March 9, 1915 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ? ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J J Kirby M. D.

Mar 12, 1915 (Address) 110 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 15, 1915

20-UNDERTAKER: Henry Horck Son — ADDRESS: 1301 E Eager St

C83462

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83462

CERTIFICATE OF DEATH.

159

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. S. W. Cor. Pearl & Fayette ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolf J. Motz

(Residence in Baltimore: No. 628 N Carrollton ave St. 18 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 25, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Fera Germany

PARENTS.

10-NAME OF FATHER, Fritz Motz.

11-BIRTHPLACE OF FATHER (State or Country). Fera Germany

12-MAIDEN NAME OF MOTHER Mariamna Maempel

13-BIRTHPLACE OF MOTHER (State or Country) Fera Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph J. Motz

(Address) 628 N. Carrollton Ave.

15- MAR 12 1915 HARRY O. ARUSMITH, Burial Permit Clerk
Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound of Brain
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. H. Pepper M. D.
(Coroner.)

March 10, 191.. (Address) 1113 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	March 12, 1915
20-UNDERTAKER	ADDRESS
Henry H. Jenkins Sons Co	Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Rks.

C83463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C83463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Katherine Dietrich.

(Residence in Baltimore: No. 1617 N Bond St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 22 (Day) 1866 (Year)

7-AGE, 48 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John P. Bathrick.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Engel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. G. Dietrich

(Address) 1617 N Bond

15- Filed MAR 12 1915, 191.. HARRY O. ANDREWS, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11th 1915, to March 11 1915, that I saw her alive on March 1st 1915, and that death occurred, on the date stated above, at 2 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver + Stomach

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 3 mos. 6 ds.

(Signed) Augustus Horn M. D.

March 11, 1915. (Address) 40 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Mar 13, 1915

20-UNDERTAKER J. Herwig & Co

ADDRESS 2008 Aliceanna

Keep this certificate clean and unfolded. Do not write on it. Every question must be answered if possible. Be particular to give full names, dates, and places. Information is important. See instructions on back of certificate.

C83464

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C83461

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 117 N Front St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eva Fineberg

(Residence in Baltimore: No. 117 N Front St.; 14 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH February 4th, 1901 (Month) (Day) (Year)

7 AGE 14 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School-girl
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Joseph Fineberg

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Albert

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1419 E Balto St

15 MAR 12 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1915, to March 12 1915, that I saw her alive on March 11, 1915, and that death occurred, on the date stated above, at 4A m. The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Chronic Endocarditis & Valvular Disease

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Michael O. Stamm M. D.

March, 1915 (Address) 1637 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Washington D.C.	3/17 1915
20 UNDERTAKER	ADDRESS
Jack Lewis	1419 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83465

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Baltimore City Jail ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Williams

(Residence in Baltimore: No. 1114 N. Carlton St.; yrs., mos. ds.)

from birth

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Aug 14, 1899
(Month) (Day) (Year)

7-AGE, 15 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: errand boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. H. Satchell

(Address) 1509 Vine St.

15- MAR 12 1915 Filed....., 191.... Harry O. Anderson Registrar.

Burial Permit Oct 5

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 9, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) mos. 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Roth Swaim (Coroner.) M. D.

March 10, 1915. (Address) 129 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 4 mos. 10 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? at 119 N Carlton St

Former or usual residence 119 N. Carlton St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Mar. 12 1915

20-UNDERTAKER Alfred J Freeland — ADDRESS 114 S Schroeder st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 175 C83466

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tony DeNardo

(Residence ~~in Baltimore.~~ No. Greendale, Delaware St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) (His Lord Alexander Dinardo

(Address) 1401 Eastern Ave

15-

Filed MAR 12 1915, 191... Burial Permit Issued

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock and Injuries (Concussion of Brain) the result of getting off a moving train

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm M. Savage, M. D. (Coroner.)

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

near Bush River (Penn. R. R.)

Former or usual residence Greendale, Del.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, March 13 1915

20-UNDERTAKER Jacob Friedowitz

ADDRESS 425 S. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83467

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1208 W. Fayette St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Collingsworth

(Residence in Baltimore: No. 1208 W. Fayette.

St. 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 7th (Day), 1874 (Year)

7-AGE, 40 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B & O

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robert Collingsworth

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Georgia Buzzard

13-BIRTHPLACE OF MOTHER (State or Country), Ky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) Cora Bradley

(Address) 1208 W. Fayette St

15- Filed MAR 12 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) Paul Ehrlich M. D.
(Coroner)

March 10th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Alexandria Va.	March 13 1915
20-UNDERTAKER	ADDRESS
Eu Schloman & Son	1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Blks.

C83468 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 C83468

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Hamberger Court ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Edmond L Simms

(Residence in Baltimore: No. Cpr 118 Hamberger Ct St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1908 (Year)

7-AGE, 6 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Simms

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. MD

12-MAIDEN NAME OF MOTHER Isabel Mulberry

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabel E Simms

(Address) 118 Hamberger Court

15- March 12 1915 HARRY O. ANDERSON Burial Permit Clerk

Filed ....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1915, to Mar 6 1915, that I saw h[illegible] alive on Mar 6 191, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

[illegible]

Several (Duration) Months

CONTRIBUTORY (Secondary) Probably Tuberculosis of [illegible]

(Duration) yrs. mos. ds.

(Signed) L. A. Kerr M. D.

Mar 12 1915 (Address) 522 Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch M.E.

DATE OF BURIAL, March 14, 1915

20-UNDERTAKER L. Fr. Brune & Son

ADDRESS 1048 N. Monroe St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83469 — 92 C83469

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 631 Ireland ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gambell

(Residence in Baltimore: No. 631 Ireland St.: 67 yrs, — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

~~3-SEX~~ female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, March 9, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, William Beavers

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Margrut Sample

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 729 Garland St

15-
MAR 13 1915 HARRY O ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 0 1915, to March 10 1915, that I saw h[illegible] alive on March 10 1915, and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

(Pneumonia Lobar)

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [illegible] M. D.

March 1, 191.5. (Address) 1945 Harlem St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... dr.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Ct	March 12, 191...
20-UNDERTAKER	ADDRESS
J. R. Townsend Son	108 W Monument

CAUSE OF DEATH must be given in plain terms. Do not use abbreviations or technical terms. Consult physician if necessary. Any false statement may be punished as provided by law. The untrue statement of the cause of death may seriously affect the property rights of innocent persons. Every certificate should be filled out as completely as possible. All questions are important. See instructions on back of certificate.

C83470

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83470

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 559 Mosher street, ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Nettie Dashields,

(Residence in Baltimore: No. 559 Mosher street, St.) (24 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, February (Month) 5th (Day), 1891 (Year).

7-AGE, 24 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Noah Peters,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Lizzie Childs,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Wells, mother,

(Address) 559 Mosher street.

15- Filed MAR 12 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

March 10 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Mar. 13 1915

20-UNDERTAKER John A. Bisley — ADDRESS 117 Dolphin

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83471

CERTIFICATE OF DEATH.

1/20 C83471

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N. Gilmor St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Hayden

(Residence in Baltimore: No. 325 N. Gilmor St. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 11 (Month), 1855 (Day) (Year)

7-AGE, 59 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, John D. Zieler.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia Lonzo.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Frances A. Hayden

(Address) 325 N. Gilmor St.

15-

MAR 12 1915

Filed....., 191.....

DEPT. OF HEALTH, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1914, to Mch 10 1915, that I saw h[illegible] alive on Mch 9 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

"
Uraemia
(Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Bright's Disease & Pulmonary Oedema

(Duration) yrs. Unc mos. ds.

(Signed) M. B. Summers Lord M. D.

Mch 10, 1915. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Frederick Md.	Mar. 14, 1915.
20-UNDERTAKER	ADDRESS
Wm Cook.	502 E. North av.

Spec.—5-19-13—M. & T.—500 Bks.

C83472

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1924 Argyle St.; 9 (Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Johnson

(Residence in Baltimore: No. 1924 Argyle St.; 9 yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 11 (Day), 1905 (Year)

7-AGE, 9 yrs. 5 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER William T. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Janie L Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Janie L. Johnson

(Address) 1924 Argyle

15- MAR 12 1915 Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1914, to March 11 1915, that I saw h-m alive on March 10 1915, and that death occurred, on the date stated above, at 330a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 8 mos. 6 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Lungs

(Duration) yrs. 8 mos. 6 ds.

(Signed) Dr. L. W. Kennard M. D.

March 11. 1915. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, March 13, 1915

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83473 HEALTH DEPARTMENT—CITY OF BALTIMORE 102 C83473

CERTIFICATE OF DEATH.

REGISTERED No. C

2-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Cedar ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

3-FULL NAME Elizabeth Grace Miller

(Residence in Baltimore: No. 3604 Cedar ave St.; 45 yrs., ~~11~~ mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 5, 1841 (Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Co Md

PARENTS.

10-NAME OF FATHER, Wm Bell

11-BIRTHPLACE OF FATHER (State or Country), Balt Co Md

12-MAIDEN NAME OF MOTHER Mary Moffett

13-BIRTHPLACE OF MOTHER (State or Country), Balt Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Miller

(Address) 3604 Cedar Ave

15- MAR 12 1915 HARRY O. ANDERSON

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to Mar 10 1915, that I saw h-e alive on Mar 10 1915, and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

C.C. Cirrhosis of Kidneys pr result of Sclerosis Caused by Old

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Changes

(Duration) yrs. mos. 20 ds.

(Signed) Edd Widdowson M. D.

March 11, 1915. (Address) 829 N 36th St Balt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, March 13 1915

20-UNDERTAKER Chenowith & Son — ADDRESS Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83474

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Linlen ave.& Madison st. ST.: 11 WARD)

Maryland General Hospital,

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter H. Johnson,

(Residence in Baltimore: No. Non-resident. St.; —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH. ..... February (Month) 21st. (Day), 1880. (Year)

7-AGE. 35 yrs. 0 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ship carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Henry Johnson,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Mary F. Johnson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T: Johnson, brother.

(Address) 510 E.E.St.Sparrows point.

15- Filed MAR 12 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 11th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound depressed fracture of the skull caused by an accidental fall into the hold of a vessel on which he was working. (Duration) .....yrs.....mos....2..ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Kempel (Coroner.) M. D.

March 12 1915. (Address) 1103 Valley st.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos..2..ds. In the State.....yrs...6.mos.....ds.

Where was disease contracted, if not at place of death? Shipyard at Sparrows point, Md.

Former or usual residence. Sparrows point.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
Suffolk Va	
20-UNDERTAKER	ADDRESS
	15 Eight

MAR 12 1915 ARMSTRONG-DENNY CO.

P. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83475

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83475

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No U.S. Marine Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus T. Bratch

(Residence in Baltimore: No U.S. Marine Hospital St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH 2 (Month) 2 (Day) 1893 (Year)

7-AGE 22 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work Seaman (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Not Known

11-BIRTHPLACE OF FATHER (State or country) not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or country) not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) his statement on admission to Hosp.

(Address)

15- Filed MAR 12 1915 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 12 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8, 1915 to, March 12 1915 that I saw h alive on March 11 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Autopsy? (Duration) yrs 2 mos 3 ds.

Contributory (SECONDARY) (Duration) yrs mos ds.

(Signed) H. P. Carter M. D.

191 [Address] U.S. Marine Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos 3 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Asbury Cemetery DATE OF BURIAL Mch 12 191 5

20-UNDERTAKER H E Hughes ADDRESS 17 S Broadway

N.B. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83476

CERTIFICATE OF DEATH.

15 C83476
REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 726 Ramsay ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katerina Lebyra

(Residence in Baltimore: No. 726 Ramsay St.; Life yrs. ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Infant

6-DATE OF BIRTH, Mar 11, 1915
(Month) (Day) (Year)

7-AGE, ~~yrs.~~ ~~mos.~~ ~~ds.~~ If LESS than 1 day, ~~hrs.~~ or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Vladislav Lebyra

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Hermina Hrbek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vadislav Lebyra

(Address) 726 Ramsay St

15- MAR 13 1915 ROBERT , KRAUTER.
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1915, to Mch 12 1915, that I saw h[illegible] alive on March 12 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Prematur Birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) W. H. Paul M. D.

Mch 12, 1915. (Address) 2008 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill	Mar 13, 191.5.
20-UNDERTAKER	ADDRESS
Frank Enoch & Son	1614 Gorsuch

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83477

CERTIFICATE OF DEATH.

92 C83477 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Chapel ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Faka

(Residence in Baltimore: No. 515 N. Chapel St.; 0 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. John Faka

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Faka

(Address) 515 N. Chapel st

15- MAR 13 1915 ROBERT J. KRAUTER, Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 10 1915, that I saw h[illegible] alive on March 10 1915, and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 1 mos. 4 ds.

Signed P. J. McGarvey M. D.

March 12 1915. (Address) 2008 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, March 13 1915

20-UNDERTAKER Frank Culkerson & Sheads ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83478

CERTIFICATE OF DEATH.

91 C83478

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St.; 4 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Simmons
(Residence in Baltimore: No. 411 N. Greene St.; .....yrs. 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single
6-DATE OF BIRTH, March (Month) 19 (Day), 1914 (Year)
7-AGE, ...yrs. 11 mos. 20 ds.
If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, Wm J. Simmons
11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.
12-MAIDEN NAME OF MOTHER Mollie Long
13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. J. Simmons
(Address) 411 N. Green St.

15-
Filed MAR 13 1915, 191.....
ROBERT J. KRACTER, Registrar.
Asst. Registration Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1915 (Year)
17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to March 9 1915, that I saw her alive on March 9 1915, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
.....
Bronchio-Pneumonia
.....
..... (Duration) — yrs. — mos. 18 ds.
CONTRIBUTORY (Secondary).....
..... (Duration) ....yrs. ....mos. ....ds.
(Signed) John S. Fowler M. D.
3/9, 1915 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. — mos. 11 ds. In the State ....yrs. 11 mos. 20 ds.
Where was disease contracted, if not at place of death? at home
Former or usual residence 411 N. Greene St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAR 11 1915 191...
20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83479

64 C83479

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N. Fremont ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Derr

(Residence in Baltimore: No. 922 N. Fremont ave St.; 40 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Aug. (Month) 11th (Day), 1847 (Year)

7-AGE 67 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): mfg.

9-BIRTHPLACE, (State or Country), Frederick. Md

PARENTS.

10-NAME OF FATHER, John Derr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Lugenbeel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Derr

(Address) 922 N. Fremont ave

15- Filed MAR 13 1915, 191... ROBERT . ARADER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1914, to March 11 1915, that I saw h[illegible] alive on March 11 1915, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplectic)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilbur F. Skillman M. D.

, 191... (Address) 1727 W Fay ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, Mar 13, 1915

20-UNDERTAKER G. F. Walker — ADDRESS 723 W Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x175 C83480

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Maryland Hosp't ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora Hoehn

(Residence in Baltimore: No. 3505 Leverton Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 1st, 1903
(Month) (Day) (Year)

7-AGE, 12 yrs. — mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Andrew Hoehn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Elizabeth Ruppel.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hoehn

(Address) 3505 Leverton Ave.

15- Filed MAR 13 1915, 191.....

ROBERT KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock.

Accident (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Legs crushed by train

(Duration).....yrs.....mos.....ds.

(Signed) L. B. Jeffers (Coroner.) M. D.

....., 191... (Address) 2113 N. Connecticut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State 12 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Bury Mine Nada (1578)

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem	March 13 1915
20-UNDERTAKER Lilly & Zeiler.	ADDRESS 403 & 405 Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83481

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83481

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 887 W. Fayette St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August A. Husta

(Residence in Baltimore: No. 887 W. Fayette St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Married

6-DATE OF BIRTH: July (Month) 9 (Day) 1886 (Year)

7-AGE: 28 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Egg Harbor City, N.J.

PARENTS

10-NAME OF FATHER: John Husta

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Husta

(Address) 887 W. Fayette St

15- MAR 13 1915 Filed ..... 191.. ROBERT ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to, March 10 1915, that I saw h[illegible] alive on March 10 1915, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

1 week under my care
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Asthenia

(Duration) yrs. mos. ds.

(Signed) J. C. Pound M. D.

March 11, 1915. [Address] 1302 W. Lomb. St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Joseph's Texas Md — DATE OF BURIAL: 3-13 1915

20-UNDERTAKER: H. C. Brauning & Son — ADDRESS: 517 N Schroeder St

N.B.—Everything to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83482 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 C83482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 W Pratt St.; 20 WARD) REGISTERED No. C .....

2-FULL NAME Mrs Alice Clark

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2107 W Pratt St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Nov 4 ....., 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Housework....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Rodgers (Daughter)

(Address) 2107 W. Pratt St

15- MAR 13 1915 ROBERT . ARAUTER,
Filed ..... 191... Burial Permit Clerk.
Registrar. E & B. Hartz

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to Mar 11 1915, that I saw h[illegible] alive on Mar 11 1915, and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

.....Carcinoma of uterus.....
.....
.....
.....(Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Microscopic Exam.
.....(Duration)....yrs.....mos.....ds.

(Signed) W. Thomson M. D.

Mar 11, 1915 (Address) 2107 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 3-14, 1915.

20-UNDERTAKER E & B. Hartz — ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bke.

C83483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x31 C83483

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Abel

(Residence ~~in Baltimore.~~ No. Leonardtown Md St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown, ... (Month) (Day) (Year)

7-AGE, 62 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Deputy Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hospital
(Address) Calvert St.

15- MAR 13 1915. ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30 1914, to Mar 12 1915, that I saw h[illegible] alive on Mar 12 1915, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestine

..... (Duration) Donot Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J Swift M. D.

Mar 12, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 13 ds. In the State Life yrs. mos. ds.

Where was disease contracted if not at place of death? Leonardtown Md

Former or usual residence Leonardtown Md

19-PLACE OF BURIAL OR REMOVAL. Leonardtown Md DATE OF BURIAL, Mch 13 1915

20-UNDERTAKER George A Riley ADDRESS 1st & Conduit Lombard

CAUSE OF DEATH in plain terms, so that if may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83484

CERTIFICATE OF DEATH.

78 C83484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margaret E. Chester

(Residence in Baltimore: No. 1512 Henry St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1857 (Year)

7-AGE, 57 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Hermann Von Hagel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Westendorf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Chester

(Address) 1512 Henry St.

15- Filed MAR 13 1915 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1915, to March 11 1915, that I saw her alive on March 11 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

1. Myocarditis

(Duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 3 ds.

(Signed) H. H. Warner M. D.

March 11 1915. (Address) St. Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1512 Henry St

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, 3/15/15

20-UNDERTAKER Chas. P. Conner & Son

ADDRESS 118 W. Mt. Royal ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083485

CERTIFICATE OF DEATH.

29 083485

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Forrest Place ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Blaney

(Residence in Baltimore: No. 1125 Forrest Place St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 22, 1842 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Fred Bartrough

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Eliza Brown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Blaney

(Address) 1125 Forrest Place

15- Filed MAR 13 1915 19.. NORRIS . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 11 1915, that I saw h- alive on March 11 1915, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Gastritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Wm. Paarce M. D.

March 14 1915 (Address) 5 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Mar. 14, 1915

20-UNDERTAKER H. C. Niedefeld ADDRESS 914 Greenmount Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83486

CERTIFICATE OF DEATH.

28 C83486

REGISTERED No. C

1-PLACE OF DEATH

CITY OF SALTIMORE: (No. 1233 Greenmount Ave ST. 10 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Shinn

(Residence in Baltimore: No. 1233 Greenmount Ave; ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 29, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar tender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Patrick Shinn

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Ella Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife (Mary Shinn)

(Address) 1233 Greenmount Ave

15-

Filed MAR 13 1915 (By) Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to March 12 1915, that I saw h[illegible] alive on March 5 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 12, 1915 (Address) 2 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Mar. 15, 1915

20-UNDERTAKER H. C. Weidefeld — ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83487 — CERTIFICATE OF DEATH. — X 132 C83487

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Smith

(Residence in Baltimore: No. Sykesville Md St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	Wood	Married

6-DATE OF BIRTH, ...January...., 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Richard Smith

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mildred Hong

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. N. Devries

(Address) Sykesville Md

15- MAR 13 1915 ROBERT J. BRAUER, Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to March 12, 1915, that I saw her alive on March 12, 1915, and that death occurred, on the date stated above, at 4:25 P.m.

The CAUSE OF DEATH* was as follows:

(a) General Peritonitis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pyosalpingitis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Elmer Headcomer M. D.

March, 1915. (Address) Mount Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. 2 ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sykesville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Sykesville Md	March 1915

20-UNDERTAKER	ADDRESS
Jno. R. Weer	Sykesville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83488

CERTIFICATE OF DEATH.

X17 C83488

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME. Gilbert Alexander Smith

(Residence ~~in Baltimore~~ No. Carsins Run, Maryland St. 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May (Month) 12th (Day), 1905 (Year)

7-AGE. 9 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Carsins Run, Md.

PARENTS.

10-NAME OF FATHER. John H. Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Boldt

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Smith

(Address) Aberdeen Md

15- Filed MAR 13 1915, 191 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock due to gunshot wounds of abdomen (perforation of intestines) as result of accidental shooting (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Wm. M. Savage (Coroner.) M. D.

(Address) March 12 1915. 1729 Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Carsins Run Md

Former or usual residence Carsins Run Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Aberdeen Md.	Mar 14 1915

20-UNDERTAKER: W. J. Tucker & Son

ADDRESS: North Penn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83489

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83489

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Myrtle Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Noyes

(Residence in Baltimore: No. 412 Myrtle Ave St.: 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan- 31, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. One mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Noyes

(Address) 412 Myrtle Ave

15- MAR 13 1915 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit 9102

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar- 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1915, to Mar 10 1915, that I saw him alive on Mar 9th 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Lobar Pneumonia

..... (Duration)....yrs.....mos....3....ds.

CONTRIBUTORY (Secondary) Gastritis

..... (Duration)....yrs. One mos. 4....ds.

(Signed)..... C. H. Linch M. D.

Mar 11, 1915 (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, MT Auburn

DATE OF BURIAL, Mar 13, 1915.

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Form—5-19-13—M. & T.—500 Bks.

C83490 HEALTH DEPARTMENT—CITY OF BALTIMORE 41 C83490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant- Infirmary ST. 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Scott,

(Residence in Baltimore: No. [illegible] Toledo Ohio St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 14 (Day), 1839 (Year)

7-AGE 55 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Adrian Mich.

PARENTS.

10-NAME OF FATHER, W. H. Scott

11-BIRTHPLACE OF FATHER (State or Country), Wilmington N.C.

12-MAIDEN NAME OF MOTHER Mary Winnans

13-BIRTHPLACE OF MOTHER (State or Country), Conojoharie N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan W. Scott

(Address) 2005 Monroe St. Toledo Ohio

15- MAR 13 1915 Filed, 191.. Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1915, to Mar 12 1915, that I saw h[illegible] alive on Mar 11 1915, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:

Sarcoma (retro peritoneal)

(Diagnosis confirmed by operation and microscopical sections.)

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Influenza obs. Tuberculosis

(Duration) yrs. mos. 10 ds.

(Signed) E. Edwin L. Davis M. D.

, 191.. (Address) U.P.S.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 16 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Toledo, Ohio

19-PLACE OF BURIAL, OR REMOVAL, Toledo Ohio — DATE OF BURIAL, March 13 1915

20-UNDERTAKER Henry W. Fretwell Sons & McCulloh Sts. — ADDRESS

See Birth Certificate for

Baby Nelson, Infant of Theresa & John Nelson
Born Mch. 11th. 1915
B-10886

C83491

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83491

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. 613 S. Bond St.; 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Malgorzata Pszewoznа.

Residence in Baltimore: No. 613 S. Bond. St.; ..... yrs. ..... mos. ..... ds.)

13 Hours

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: March 11, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. — mos. ..... ds. If LESS than 1 day, 13 hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): City.

PARENTS

10-NAME OF FATHER: John Pszewozny

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Theresa Kuchonka

13-BIRTHPLACE OF MOTHER (State or country): Russ.

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE

(Informant) Teresa Pszewozna

(Address) 613 S. Bond St.

15- Filed ..... 191 ..... HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1915, to, March 11 1915, that I saw h— alive on March 11 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Ed. Glass, M. D.

March 12 1915. [Address] 1 E. Lexington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 13 1915
20-UNDERTAKER	ADDRESS
William Fiaskowsky	168 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83492 C83492

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Aliceanna ST.; 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Krac

(Residence in Baltimore: No. 1511 Aliceanna. St.; 1 yrs. 11 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 15, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Madyslaw Krac

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Stanislawa Nowakowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madyslaw Krac

(Address) ~~1511~~ 1511 Aliceanna St.

15-

Filed MAR 13 1913 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 12 1915, that I saw h— alive on March 10 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) 2 yrs. mos. 2 ds.

(Signed) [illegible] M. D.

March 13 1915. (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary.	Mar 13 1915.
20-UNDERTAKER William Fialkowski	ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

144 C83493

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Hester Dupigee

(Residence in Baltimore: No. 544 Orchard St. St.; Life yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 27 (Day), 1866 (Year)

7-AGE, 48 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Fredk. Hugh

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15-
Filed MAR 13 1915, 191.....
HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1915, to Mar 12 1915, that I saw h last alive on Mar 12 1915, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

Cellulitis of face and Head

(Duration) about 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Idiocy mercury to ether anesthesia

(Duration) yrs. mos. ds.

(Signed) Edward L. Lunt M. D.

Mar 12 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? 544 Orchard St

Former or usual residence 544 Orchard St

19-PLACE OF BURIAL OR REMOVAL, Laurel Dem — DATE OF BURIAL, Mar 15, 1915

20-UNDERTAKER A. F. Elliott — ADDRESS 526 Rogers Ave

23

C83494 HEALTH DEPARTMENT--CITY OF BALTIMORE 151 C83494

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 12 N. Mount ST.: 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Catherine Myles

(Residence in Baltimore: No. 12 N. Mount St. St.: Premature child yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) single

6-DATE OF BIRTH Mch 12, 1915 (Month) (Day) (Year)

7-AGE — yrs. — mos. — ds. | If LESS than 1 day, hrs. or 5 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto.

PARENTS

10-NAME OF FATHER Carroll M. Myles.

11-BIRTHPLACE OF FATHER (State or country) Balto

12-MAIDEN NAME OF MOTHER Mabel D Myers.

13-BIRTHPLACE OF MOTHER (State or country) Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carroll M Myles

(Address) 12 N. Mount St.

15 Filed MAR 13 1915 HARRY O. ADDRESS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch 12, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1915, to Mch 12 1915; that I saw h[illegible] alive on Mch 12 1915; and that death occurred, on the date stated above, at 4:30 — m.

The CAUSE OF DEATH* was as follows:

Premature birth 8 months
Mother's illness with Bright's disease

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Theodore Lent M. D.

Mch 12, 1915 (Address) 914 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem | DATE OF BURIAL Mch 13, 1915

20-UNDERTAKER Harry W Chlen | ADDRESS 1944 W. Mount

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83495

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83495

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3000 Roseland avenue, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Biggs,

(Residence in Baltimore: No. 3000 Roseland avenue. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, ... August (Month) 30th (Day), 1880. (Year)

7-AGE, 34 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William A. Biggs,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Nellie James,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy A. Biggs, wife,

(Address) 3000 Roseland, avenue,

15-

Filed MAR 13 1915, 191.... Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 11th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

Inflammatory pulmonary oedema,

.....

..... (Duration)..... yrs. 10 hours, ds.

CONTRIBUTORY (Secondary) probably paralysis of

left ventricle (Duration)..... yrs. 1/2 hour ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

March 11 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Loudan Park

DATE OF BURIAL Mar 13, 1915

20-UNDERTAKER A S Marshall

ADDRESS 3539 Falls Rd

Spec.—8-24-14—M. & T.—2000 Bks.

C83496 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 C83496

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 920 Ashland Ave. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Goldston.

(Residence in Baltimore: No. 920 Ashland Ave. St.; 35 yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 11, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Place. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harris Goldston

(Address) 920 Ashland Ave.

15-

MAR 13 1915

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to March 11 1915, that I saw h— alive on March 10 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration).....yrs.....mos. 1.7. ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. Russell Lomax M. D.

3/13/15 191... (Address) 802 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 13 1915

20-UNDERTAKER Charles B. Jones — ADDRESS 504 Roger St.

Spec.—5-19-13—M. & T.—500 Bks.

C83497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 C83497

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 601 N Kenwood Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Charles Benny —

(Residence in Baltimore: No. 601 N Kenwood Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 25th (Day), 1903 (Year)

7-AGE, 11 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Boy

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Howard S. Benny

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie Brom

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard S. Benny

(Address) 601 N. Kenwood

15-

MAR 13 1915

HARRY D. ANDREWS,

Filed....., 191.... Capital Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to March 11 1915, that I saw h[illegible] alive on March 11 1915, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Chron Nephritis —

(Duration) yrs. mos. 45 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) H. J. Gray M. D.

March 13, 1915 (Address) 602 N Kenwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Mar 14 191.5

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83498

CERTIFICATE OF DEATH.

104 C83498

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Presbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gordon Slaughter, Jr.

Residence in Baltimore: No. 3105 Presbury St.; ....yrs., 1 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Gordon Slaughter

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md.

12-MAIDEN NAME OF MOTHER Mary Elizabeth Hurst

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Gordon Slaughter

(Address) 3105 Presbury St.

15- MAR 13 1915 HARRY O. ANDERSON, Registrar of Vital Statistics

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to March 12 1915, that I saw h[illegible] alive on March 11 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Athrepsia infantum

(Duration) ....yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edmund L. Toad M. D.

Mar. 12, 1915. (Address) 737 N. Dallas Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 15, 1915

20-UNDERTAKER — ADDRESS 1237 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83499

CERTIFICATE OF DEATH.

x126 C83499

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Fred Handy

(Residence in Baltimore: No. 58 Tunnell St Mt Winans St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, December — 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Fred Handy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alice Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Handy

(Address) 58 Tunnell St

15-

Filed MAR 13 1915, 191.. HARRY O. ANDERSON, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1st 1915, to Mch 12 1915, that I saw him alive on Mch 12 1915, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH was as follows:

Acute Nephritis and
General Arteriosclerosis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Prostatic abscess

(Duration) ....yrs. 1 mos. ....ds.

(Signed) R. L. Johnson M. D.

Mch 12, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State 73 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Mt Winans.

Former or usual residence 58 Tunnell St "

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	3/16, 1915
20-UNDERTAKER	ADDRESS
Samuel T Hemsley	578 W Baltimore

C83500

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83500

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE: (No. 1934 So. Charles St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A. Holmes

(Residence in Baltimore: No. 1934 So. Charles St. St.; 15 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 12 (Day) 1870 (Year)

7-AGE: 44 yrs. 9 mos. 27 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ontario Canada

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Canada

12-MAIDEN NAME OF MOTHER: Annie E. Wilcox

12-BIRTHPLACE OF MOTHER (State or country): Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs F. A. Holmes

(Address) 1934 So Charles St

15- Filed MAR 13 1915 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 11 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10, 1914, to, Mar 11 1915, that I saw him alive on Mar 10 1915, and that death occurred, on the date stated above, at 4.20 A.m.

The CAUSE OF DEATH* was as follows:

Uraemic Paralysis

(Duration) yrs. mos. 15 ds.

Contributory (SECONDARY) Chronic Bright's Disease (Duration) yrs. 6 mos. ds.

(Signed) F. Hawkins M. D.

March 12 1915 [Address] 1618 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: March 14 1915

20-UNDERTAKER: Mrs J. E. Evans & Son — ADDRESS: 142 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

C83501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83501

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Whittier

(Residence in Baltimore: No. ..... Frederick Md ..... St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, Unknown ....., 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert C. Whittier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. D. Yeats

(Address) 120 Hopkins Place

15- MAR 13 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) — 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-5- 1915, to 3-13- 1915, that I saw him alive on 3-13- 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

1. ..... Tumor of Spinal Cord .....
(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Myocarditis .....
(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... C. C. Krauszbach P. A. ..... M. D.

3-13-, 1915. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 9 mos. 5 ds. In the State 32 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence Frederick Md.

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, March 13, 1915.

20-UNDERTAKER Geo. A. Gerby — ADDRESS Baltimore 86

Spec.—8-24-14—M. & T.—2000 Bks.

C83502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83502

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Collinson

(Residence in Baltimore: No. 134 S. Dallas St St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 1 yrs. 3 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Collinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Chelko

(Address) Johns Hopkins Hosp.

15-

Filed MAR 13 1915, 191. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8, 1915, to March 11, 1915, that I saw him alive on March 11 1915, and that death occurred, on the date stated above, at 6 40 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

..... (Duration) (?) yrs. ..... mos. ..... ds.

(Signed) G. A. Baetjer M. D.

March 12, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. 15 mos. ..... ds.

Where was disease contracted, if not at place of death? In

Former or usual residence 134 S. Dallas St

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, March 14, 1915.

20-UNDERTAKER R. A. Elliott

ADDRESS 576 Rogers Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83503

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 C83503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pinkney Childs

(Residence in Baltimore: No. 815 Smallz St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	Black	Widowed

6-DATE OF BIRTH, July (Month) 4 (Day), 1872 (Year)

7-AGE, 42 yrs. 8 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, S. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-~~MAIDEN~~ NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St

15- MAR 13 1915 HARRY O. ANDREWS, Special Permit Clerk

Filed....., 191... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1915, to Mar 8 1915, that I saw her alive on Mar 8 1915, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Lingualis

(Duration) Days yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 3 yrs. mos. ds.

(Signed) Edward A. Lewis M. D.

Mar 8, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 20 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 815 Small St

Former or usual residence 815 Small St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Mar. 11, 1915.

20-UNDERTAKER Robt. A. Elliott

ADDRESS 506 Bogley Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83504

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83504

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 123 W 21st St. St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mabrey

(Residence in Baltimore: No. 123 W 21st St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Negro	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, — yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Mabrey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Fannie Mabrey.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mabrey

(Address) 123 W 21st St

15-

MAR 13 1915 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobular)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Harry Mabrey M. D.
(Coroner)

Mar 17, 1915. (Address) 3620 Clifton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Mar 14 1915

20-UNDERTAKER Robt. H. Elliott ADDRESS 512 Mosher Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83505 HEALTH DEPARTMENT—CITY OF BALTIMORE C83505

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Moody

(Residence in Baltimore: No. 701 Lessier St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH. Unknown (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, John Carr

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Hattie Carr

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) anna Moody

(Address) 701 Lessier St

15- MAR 13 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed ... 191... Registrar.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to March 11 1915, that I saw h[illegible] alive on March 11 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:—
Diabetes Mellitus.
Patient died in Coma following
Re operation for Intestinal
Obstruction (Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia
(Duration) yrs. mos. 2 ds.

(Signed) E A Douthirt M. D.
March 11, 1915. (Address) Md Genl Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos 12 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Don't know
Former or usual residence Balto md 701 Lessier St.

19-PLACE OF BURIAL, OR REMOVAL, Mount Zion | DATE OF BURIAL, March 14, 1915

20-UNDERTAKER John H. Owens | ADDRESS 1212 Druid Md

C83506

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83506

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5795. Fulton Ave ST.: 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert Highley Anderson

(Residence in Baltimore: No. 5795. Fulton Ave St.; 38 yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 2 (Day) 1877 (Year)

7-AGE: 38 yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Chas Dallas Anderson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Catherine Harman

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dennis Shiss

(Address) 5795. Fulton ave

15- MAR 13 1915 Filed ..., 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1915 to, March 10" 1915, that I saw h... alive on March 10" 1915, and that death occurred, on the date stated above, at 8:45 m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) ... yrs. ... mos. 1 ds.

Contributory (SECONDARY) Brights Disease

(Duration) ... yrs. ... mos. 2 ds.

(Signed), ... M. D.

March 11" 1915. [Address] 110 S. Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: March 14, 1915

20-UNDERTAKER: Chas E. Franck — ADDRESS: 802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83507

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83507

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustavus Gustjohann

(Residence in Baltimore: No. 8487 N. Wolfe St. St.; ... yrs. ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August (Month) 10 (Day), 1842 (Year)

7-AGE, 72 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Bernard Gustjohann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Frabcisca Pannhsa

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Chelius

(Address) Johns Hopkins Hosp.

15-

Filed MAR 13 1915, 191. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4 1915, to Mar 12 1915, that I saw him alive on Mar. 12, 1915, and that death occurred, on the date stated above, at 5 33 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 2 mos. 27 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. ... mos. 2 ds.

(Signed) John T. Kingsbury M. D.

Mar 12, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1848 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, Mch 15th, 1915

20-UNDERTAKER Robt J. Turner ADDRESS 1442 N. Broadway

C83508

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15V

C83508

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1302 Hoffman ST.: 19 WARD)

2 FULL NAME Infant Main

(Residence in Baltimore: No. 1302 Hoffman. St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colrd

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Mar 12, 1915 (Month) (Day) (Year)

7 AGE: yrs. mos. ds. If LESS than 1 day, hrs. or min.? 11 hrs.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: N. C. Main

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Edith C. Turner

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Turner

(Address) 1302 Hoffman.

15 Filed MAR 13 1915, 191 ISABEL C. AUBREY, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. 12, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 12, 191 5. to Mar 12 191 5. that I saw h[illegible]alive on Mar 12, 191 5. and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Fatal Heart.

(Duration) yrs. mos. days

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Mosby Strong M. D.

Mch 13 191 5. (Address) 729 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Mar 13, 1915

20 UNDERTAKER: Robert Burkhardt & Co

ADDRESS: Calhoun

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83509 C83509

CERTIFICATE OF DEATH.

151

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1820 W. Fayette St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Elizabeth Mascal

(Residence in Baltimore: No. 1820 W. Fayette St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: March 12 1915
(Month) (Day) (Year)

7-AGE: .....yrs. .....mos. .....ds.
If LESS than 1 day, ...hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Joseph A. Mascal

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Elizabeth Jacobs

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Joseph A. Mascal
(Address): 1820 W. Fayette St

15- MAR 13 1915 Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 12, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 12 1915;
that I saw h.. alive on March 12 1915;
and that death occurred, on the date stated above, at 11.50 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary): Unknown

(Duration) .....yrs. .....mos. .....ds.

(Signed) Jos L Valentine M. D.
March 13 191 5. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Catholic Cem. DATE OF BURIAL: Mar. 14th, 191 5

20-UNDERTAKER: Joseph L. Cook ADDRESS 1003 W. Balto St

N. B.—Every item of information should be carefully inquired. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83510

CERTIFICATE OF DEATH.

151 C83510

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Mussal

(Residence in Baltimore: No. 1820 W. Fayette St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. March 17, 1895 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph A. Mussal

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Elizabeth MacLean

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Mussal

(Address) 1820 W. Fayette St

15- MAR 13 1915 HARRY O. ANDREWS, Special Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 11 1915, that I saw h... alive on March 11 1915 and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo L Valentine M. D.

March 17, 1915. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	March 14, 1915
20-UNDERTAKER	ADDRESS
Joseph L. Cook	603 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

C83511 HEALTH DEPARTMENT—CITY OF BALTIMORE C83511

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 E. Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Shulman

(Residence in Baltimore: No. 905 E. Madison St. St.; 2 yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, March 17, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore M. D.

PARENTS.

10-NAME OF FATHER, Samuel Shulman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Annie Shulman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St.

15- MAR 14 1915 HARRY O. ANDREWS, Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1915, to March 12 1915, that I saw h im alive on March 12 1915, and that death occurred, on the date stated above, at 6 — m.

The CAUSE OF DEATH* was as follows:

.....Bronchial pneumonia.....

.....

.....

..... (Duration).....yrs.....mos....4...ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

..... (Duration).....yrs.....mos....1...ds.

(Signed) S. Benjamin Kadin M. D.

3-13....., 1915. (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Workmen circle Mt Carmel DATE OF BURIAL, 3.14.., 1915.

20-UNDERTAKER Jack Lewis ADDRESS 1419 E. Baltimore St

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C83512

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83512

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 541 N. Lafayette Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie E. Baird

(Residence in Baltimore: No. 541 N. Lafayette Ave St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH: (Month) Unknown (Day) ..... 1863 (Year)

7-AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Elijah Autem

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Harriet Horsey

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Hennaway

(Address) 541 N. Lafayette

15-

Filed MAR 14 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5, 1915, to, March 10 1915, that I saw h.er alive on March 10 1915, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

— (Duration) — yrs. — mos. 14 ds.

Contributory (SECONDARY): Constipation

— (Duration) — yrs. 7 mos. — ds.

(Signed) Edward J. Wheatley M. D.

3/13/ 1915 [Address] 1230 Eutaw Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	3/17 1915
20-UNDERTAKER	ADDRESS
Samuel T. Hensley	578 N. Bell

WHITE PENCIL, WITH CAPITALS. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83513

90 C83513

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 216 N. Mount St St. 19 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Hammond Davis

(Residence in Baltimore: No. 216 N. Mount St St. Since early childhood yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Nov 11, 1837 (Month) (Day) (Year)

7 AGE: 77 yrs. 4 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Fred'k Co. Md.

PARENTS

10 NAME OF FATHER: Walter T. Hammond

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Shipley

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. D. Davis

(Address) 216 N. Mount St

15. Filed MAR 14 1915, 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug Nov 1902 Hon 191 . to. March 11 1915.
that I saw h~~er~~ alive on March 11 — 1915.
and that death occurred, on the date stated above, at 8.20 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
T. B. negative

(Duration) 13 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. M. Taneyhill M. D.
MAR 12 1915, 191 (Address) DR. J. WM. FUNCK, 1631 EUTAW PLACE.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 14, 1915

20 UNDERTAKER: E. M. Mitchell — ADDRESS: 1201 W. Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

C83514

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83514

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Patapsco St.; 23 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Hildebrand.

(Residence in Baltimore: No. 1519 Patapsco. St.: —yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 15, 1867. (Month) (Day) (Year)

7-AGE, 47 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-Wife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Martinsburg W. Va.

PARENTS.

10-NAME OF FATHER, Isaac Johnson.

11-BIRTHPLACE OF FATHER (State or Country), West Va.

12-MAIDEN NAME OF MOTHER Margaret Sencendiver

13-BIRTHPLACE OF MOTHER (State or Country), West Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Hildebrand.

(Address) 1519 Patapsco St

15-

Filed MAR 14 1915 191.....

HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Mar. 12~~ March 13., 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 12 1915, to Mar 13" 1915, that I saw her alive on Mar 13" 1915, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

..... (Duration) 2 yrs. ...mos. .....ds.

(Signed) H. Lee Reynolds M. D.

Mar. 13., 1915. (Address) 1728 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Martinsburg W. Va. DATE OF BURIAL, March 15., 191.5

20-UNDERTAKER Edw. L. Manning. ADDRESS 1960 Baltimore

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C83515

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.... Foot of Fell ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Ferens (FEREYS)

(Residence in Baltimore: No. 910 Fell St.: yrs., 20 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown (Month) (Day) 18.80 (Year)

7-AGE.	If LESS than 1 day,
35 ....yrs.....mos.....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Kortantz Ferens

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Pudles

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslawa Ferens

(Address) 910 Fell St

15-

Filed MAR 14 1915, 191.... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) David W. Jones (Coroner) M. D.

Mch. 13, 1915 (Address) 9116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Mar. 15., 1915.
20-UNDERTAKER	**ADDRESS**
Jacob Frankowski	428 E Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83516 HEALTH DEPARTMENT—CITY OF BALTIMORE 182 C83516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ervus Chappey

(Residence in Baltimore: No. 1323 Scott St. yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1899 (Year)

7-AGE, 15 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Employed in box
(b) General nature of industry, business, or establishment in which employed (or employer): factory

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Samuel L. Chaney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jones

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel L. Chaney

(Address) 1322 Scott

15- Filed MAR 14 1915, 191.... HARRY O. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wounds, penetrating left lower lobe of lung and internal hemorrhage

the result of Homicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wilson C. Savage M. D. (Coroner.)

March 13, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? On B. & O. railroad tracks between Rockaway Jct. & Ellicott City

Former or usual residence 1323 Scott St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March 14th, 1915

20-UNDERTAKER Philip Seward & Son ADDRESS 1196 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

C83517

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83517

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann McKeuen

(Residence in Baltimore: No. 1723 Barclay St St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, November (Month), (Day), 1847 (Year)

7-AGE, 67 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, McKeuen

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Joseph's Hospital

(Address) W. Eutaw St.

15-

MAR 14 1915 BARRY O. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 14 1915, that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Arterio-sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J. H. Linton Clift M. D.

March 14 191.5 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 9 ds. In the State — yrs. — mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1723 Barclay St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount.	March 16, 191.5
20-UNDERTAKER	ADDRESS
J. M. Gaughey	421 N. Howard ave

Spec.—8-24-14—M. & T.—2000 Bks.

C83518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83518

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 W Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Davis

(Residence in Baltimore: No. 317 W Preston St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... March Unknown ....., 1860.
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cambridge Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester A Hayes

(Address) 611 Pulaski St

15- MAR 14 1915 BUREAU OF VITAL STATISTICS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 12 ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1915, to March 12 1915, that I saw her alive on March 12 1915, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 .... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H.E. Pelletreau M. D.

March 13, 1915. (Address) 5 W Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 14, 1915

20-UNDERTAKER John H Tod & Son — ADDRESS 142 W Hill St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83519

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83519

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Brison ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Fisher

(Residence in Baltimore: No. 1121 Brison St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1847 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Harper

(Address) 1121 Brison St

15- MAR 14 1915 HARRY O ANDREWS Burial Permit Clerk

Filed....., 191..... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 11 1915, that I saw h— alive on March 11 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

(Pneumonia & Labor)

..... (Duration)..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration)..... yrs. ..... mos. 6 ds.

(Signed) C. H. Howe M. D.

March 13 1915. (Address) 714 S. Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cem	March 17, 1915
20-UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

C83520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83520

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Gough ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Coughlan

(Residence in Baltimore: No. 2003 Gough St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Dont know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Coughlan

(Address) 2003 Gough St.

15-

Filed MAR 14 1915, 191... HARRY O. ... Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 12 1915, that I saw h-r alive on March 12 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 9 ....ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 2 ....ds.

(Signed) D. C. Byrnes M. D.

March 13 191.5. (Address) 2128 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar. 15, 1915

20-UNDERTAKER John A Moran — ADDRESS Bank & Amity Sts.

C83521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83521

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Little Sisters of the Poor ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Clain

(Residence in Baltimore: No. Little Sisters of the Poor St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Cleary

(Address) St Aspasia Path Station

15- Filed MAR 14 1915, 191.. HARRY O ANDREAE, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah L Russell M. D. (Coroner.)

March 11th, 1915 (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL, OR REMOVAL, St Mary's Govans

DATE OF BURIAL, Mar. 13, 1915

20-UNDERTAKER John K Horan

ADDRESS Bayk & Aun St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83522

CERTIFICATE OF DEATH.

64 C83522

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 323 S Smallwood ST.; 20 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Eckert.
(Residence in Baltimore: No. 323 S Smallwood St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single
6-DATE OF BIRTH, April (Month) 10 (Day), 1860 (Year)
7-AGE, 54 yrs. 11 mos. 3 ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fish Dealer.
(b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country), Germany.

PARENTS.
10-NAME OF FATHER, Unknown.
11-BIRTHPLACE OF FATHER (State or Country), Germany.
12-MAIDEN NAME OF MOTHER Unknown.
13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Emma Eckert
(Address) 323 S. Smallwood St.

15-
Filed MAR 14 1915 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 13 1915, that I saw him alive on March 13 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Asthenia
Spinal meningitis
(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Asthenia
(Duration) yrs. mos. 3 ds.

(Signed) L. A. Gerstenfeld M. D.
March 14 1915. (Address) 708 Ensor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery.	March 16 1915.
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave

important. See instructions on back of certificate. ...properly classified. Exact statement of OCCUPATION is very

COPY NOT OFFICIAL

C83523 HEALTH DEPARTMENT--CITY OF BALTIMORE C83523

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2526 Druid Hill Ave ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Simpson

(Residence in Baltimore: No. 2526 Druid Hill Ave ST.: 5 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH October 29, 1829 (Month) (Day) (Year)

7-AGE 85 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Living at home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Columbia S. Carolina

PARENTS

10-NAME OF FATHER: Mose Hurst

11-BIRTHPLACE OF FATHER (State or country): Columbia S. Carolina

12-MAIDEN NAME OF MOTHER: E. Hurst Alley

13-BIRTHPLACE OF MOTHER (State or country): Columbia S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice S. Parkhurst M.D.

(Address) 1410 Park Ave

15. MAR 14 1915 HARRY O. ROGERS,
Filed ....., 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March, 13, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1913, to March 1915, that I saw her alive on March 13, 1915, and that death occurred, on the date stated above, at 2.30 P.M.
The CAUSE OF DEATH* was as follows:

Bronchitis, & old age

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alice S. Parkhurst M. D.

March, 1915 (Address) 1410 Park Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Winchester Va	March 15, 1915

20-UNDERTAKER	ADDRESS
E. J. Walker	923 Whalen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83524

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C83524

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 435 E. North Ave St.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Freund

(Residence in Baltimore: No. 435 E. North Ave St.; 69 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April 11, 1845 (Month) (Day) (Year)

7-AGE: 69 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: — Revere

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Wm. Freund

(Address) 435 E. North Ave.

15.

Filed MAR 14 1915 19.. HEALTH OF APPROVED, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 13, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 12th, 1915, to Mch 13 1915, that I saw h[er] alive on March 13, 1915, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis & Uremia

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. B. Aikman M. D.

Mch 13, 1915 (Address) 1476 Mansion St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 15, 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave

C83525

HEALTH DEPARTMENT--CITY OF BALTIMORE 42

CERTIFICATE OF DEATH

C83525

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1729 Ashburton St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alice Evelyn Kreel

(Residence in Baltimore: No. 1729 Ashburton St.; 4 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 12 (Day), 1869 (Year)

7 AGE: 46 yrs. 6 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Patrick Keenan

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Maria Scott

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo J Kreel

(Address) 1729 Ashburton

15 MAR 14 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mch. (Month) 12 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1915, to Mch 12 1915, that I saw her alive on Mch 12, 1915, and that death occurred, on the date stated above, at 11.50 p.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Uterus
Operated upon Oct 1914.
St Joseph's Hosp.
(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Anaemia - Cardiac asthenia.
(Duration) ..... yrs. 3 mos. — ds.

(Signed), Ja Shiede M. D.

....., 191..... (Address) 1530 N Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 16, 1915

20 UNDERTAKER: William Cook — ADDRESS: 508 E. North Ave

C83526

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 C83526

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Barr Joyce

(Residence in Baltimore: No. 2102 E. Fayette St.; 1 yrs. 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Oct. (Month) 31 (Day) 1913 (Year)

7-AGE: 1 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Wm E Joyce

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Lillian B. Barr

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm E Joyce

(Address) 2102 E. Fayette

15-
Filed MAR 14 1915 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 13 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to, March 13 1915, that I saw him alive on March 13 1915, and that death occurred, on the date stated above, at 5 25 p m.

The CAUSE OF DEATH* was as follows:

Laryngeal - Diphtheria

(Duration) ... yrs ... mos. 3 ds.

Contributory (SECONDARY) Pneumonia

(Duration) ... yrs ... mos. ... ds.

(Signed) John G. Owens M. D.

Mar 13 1915. [Address] Fayette & Gay Sts

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. | DATE OF BURIAL: March 14 1915

20-UNDERTAKER: Wm E. Black | ADDRESS: 2126 Jefferson

4 P.M.

state CAUSE OF DEATH in plain terms, so that ... TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83527

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Wagon al ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D. Marsh

(Residence in Baltimore: No. 1002 Wagon al St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 29th, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Greensburgh N C

PARENTS.

10-NAME OF FATHER, John A Marsh

11-BIRTHPLACE OF FATHER (State or Country) Greensburgh NC

12-MAIDEN NAME OF MOTHER Rebecca Moorehead

13-BIRTHPLACE OF MOTHER (State or Country) Greensburgh N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H B Sadelock M D

(Address) 117 N Carrollton Ave

15-

Filed ....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1915, to March 13 1915, that I saw h[illegible] alive on March 13 1915, and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H B Sadelock M. D.

March 14th, 1915. (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, March, 191...

20-UNDERTAKER Alfred J Ireland

ADDRESS 114 S Church St

MAR 14 1915 MARY O ANDERSON Burial Permit 9191

important. See instructions on back of certificate.

...ry classified. Exact statement of OCCUPATION is very

HARKUM C83528

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C83528

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 25 E. West ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jas O. Harkum

(Residence in Baltimore: No. 25 E West St.: 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Not known, 1 — (Month) (Day) (Year)

7 AGE: 86 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): (House)

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (State or country): —

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ida O'Connor

(Address) 25 E West

15 Filed MAR 14 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar — 11, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1915 to Mar 11 — 1915, that I saw him alive on Mar 1, 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Senility; with gradual decline extending over period (Duration) — yrs. — mos. — ds

Contributory (SECONDARY) General Asthenia (Duration) — yrs. 1 mos. — ds.

(Signed) Wesley Cole M. D.

Mar 12, 1915 (Address) 2202 Harrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: March 14, 1915

20 UNDERTAKER: W. J. & M. E. Flynn — ADDRESS: 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83529 HEALTH DEPARTMENT--CITY OF BALTIMORE 79 C83529

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1625 Cuba St.; 24 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Schaefer

(Residence in Baltimore: No. 1625 Cuba St.; 20 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. 13, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 1 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Schaefer (wife)
(Address) 1625 Cuba St

15. Filed MAR 14 1915 19.. HARRY O. ANDREAE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 12, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1915, to March 12 1915, that I saw h.. alive on March 12, 1915, and that death occurred, on the date stated above, at 12.30 p.m.
The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Valvular heart disease

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Sidney H Street M. D.
March 13, 1915 (Address) 431 E Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 15, 1915

20-UNDERTAKER: D. & M. E. Flynn — ADDRESS: 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C83530

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83530

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Vernon & Cedar Aves ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. T. Eberhard Hayen

(Residence in Baltimore: No. Mt. Vernon & Cedar Aves. St. yrs. mos. ds.) (55 yr)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 9 (Day), 1838 (Year)

7-AGE, 76 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Fred. W. Hayen.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Von Schreeb.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Jenny S. Hayen

(Address) Mt. Vernon & Cedar Aves

15- MAR 14 1915

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1911, to March 13 1915, that I saw him alive on March 13, 1915, and that death occurred, on the date stated above, at 6:20 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 3 years

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John A Luetscher M. D.

March 13, 1915 (Address) 1025 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL, March, 1915

20-UNDERTAKER Stewart & Mowen Co.

ADDRESS 108 N. North Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83531 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C83531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland general Hosp 11 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Pilcher

(Residence in Baltimore: No. Parents Duvall Apts. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH. March 14, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, 4 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER W. F. Pilcher

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Gertrude Ruffner

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Pilcher

Duvall & Garrison & Duvall.

15- MAR 14 1915 HARRY O. ANDREWS, Burial Permit Clerk.
Filed ..... 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1915, to March 14 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

.....
Prematurity
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. L. Spaeth M. D.

March 14, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. 1 hr. 15 min. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Parents Duvall Apts.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	March 15., 1915.

20-UNDERTAKER	ADDRESS
M. Lean Jones	833 Linden ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83532

CERTIFICATE OF DEATH.

152 C83532

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 5 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dawes

(Residence in Baltimore: No. Church Home & Infirmary St.; .....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 10, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....—

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Mortimer H Dawes

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Virginia Butler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- MAR 15 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to March 13 1915, that I saw h er alive on March 13 1915, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

.....

Haemorrhage (Miscarriage

Hard & Wh. palate & Adhesion Tuberculosis)

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Doris Rexford M. D.

March 13 1915 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Church Home & Infirmary

19-PLACE OF BURIAL OR REMOVAL, Dall Rawes Cemetery — DATE OF BURIAL, March 15 1915.

20-UNDERTAKER Robt J Turner — ADDRESS 1442 N Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83533

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Hennenman Ave ~~St.~~; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J Dorn

(Residence in Baltimore: No. 1811 Hennenman Ave ~~St.~~ .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 24, 1880
(Month) (Day) (Year)

7-AGE, 34 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Pressman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Dorn

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Jessa Mirkentwitz

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V Dorn

(Address) 1811 Hennenman Ave

15-

Filed MAR 15 1915, 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1914, to March 12 1915, that I saw him alive on March 12th 1915, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

.....Tuberculosis of.....
.....Lungs.....
..... (Duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Lungs Tb
..... (Duration) yrs. 4 mos. 5 ds.

(Signed) L H D W Kennard M. D.

MARCH, 1915. (Address) 708 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Mar 15, 1915
20-UNDERTAKER	ADDRESS
Robert J Turner	1414 N Bdway

important. See instructions on back of certificate.

C83534

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83534

REGISTERED NO. C

1 PLACE OF DEATH Baltimore, Md.,

CITY OF BALTIMORE (No. 1515 Battery Avenue St. or WARD) 24

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ward

(Residence in Baltimore: No. 1515 Battery Avenue St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Dont Know (Month), 1 (Day), — (Year)

7-AGE: 66(?) yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Kelly

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Don't Know.

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J Ward

(Address) 418 E Randall St

15- Filed MAR 15 1915, 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11 Th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 25th, 1915, to March 11th, 1915, that I saw her alive on March 10th, 1915, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 15 ds

Contributory (SECONDARY) Myocardial Insufficiency; Probably dilatation of right heart (Duration) — yrs. — mos. — ds.

(Signed), William Garth Clopton M. D.

March 11th, 1916 (Address) 2919 Huntingdon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Mar 15, 1915

20-UNDERTAKER: Jno J Fahey & Son — ADDRESS: 1318 Eight

NOTE.—Every question on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83535

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83535

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Gold — ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys M. Pinkney

(Residence in Baltimore: No. 628 Gold ——— St.; 12 yrs., — mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar 10, 1903 (Month) (Day) (Year)

7-AGE, 12 yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, James Pinkney

11-BIRTHPLACE OF FATHER (State or Country), Hanford Co Md

12-MAIDEN NAME OF MOTHER Mary E. Wright

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J Keller

(Address) 722 W Lanvale St

15- MAR 15 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4th 1915, to March 13th 1915, that I saw h— alive on March 12th 1915, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas J Keller M. D.

Mar 13th, 1915. (Address) 722 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 15, 1915

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Lite Pace St

Spec.—8-24-14—M. & T.—2000 Bks.

C83536

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83536

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 N. Hare ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Strohecker

(Residence in Baltimore: No. 150 N. Hare St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 4th (Month) (Day), 1853 (Year)

7-AGE, 59 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John G. Strohecker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Theresa Braunschweiger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Margaret Strohecker

(Address) 150 N. Hare St.

15- MAR 15 1915 Filed....., 191.... ROBERT . ARAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1907, to Mch 12 1915, that I saw h[illegible] alive on Mch 5th 1915, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albertus Cotton M. D.

Mch 17th, 1915. (Address) 1303 Md. av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	Mch 15th, 1915.
20-UNDERTAKER Lilly Zeiler	ADDRESS 4033 S. Wolfe

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83537

CERTIFICATE OF DEATH.

99 C83537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2001 Callow ave ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Simmen

(Residence in Baltimore: No. 2001 Callow ave St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 29 (Day) 1914 (Year)

7-AGE, ...1... yrs. ...1... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md. America

PARENTS.

10-NAME OF FATHER, M. Nat Simmen

11-BIRTHPLACE OF FATHER (State or Country), Ashland Va. America

12-MAIDEN NAME OF MOTHER Virginia Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md. America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Simmen

(Address) 205 St Paul St.

15- Filed MAR 15 1915 ROBERT . BRAUER Burial Permit Clerk. 101 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1915, to March 1915, that I saw h e alive on March 13 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Abscess of Parotid Gland

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) acute Septicaemia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) James M Fenton M. D.

March 14 1915. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 15, 1915.

20-UNDERTAKER Henry W. Jenkins Sons Co — 1446 Boulton & Orchard Sts.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

083538 — 78 — 083538

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Maryland Penitentiary ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jefferson

(Residence in Baltimore: No. 613 Jasper St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6-DATE OF BIRTH: October (Month) 14 (Day), 1881 (Year)

7-AGE: 33 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
Stevedore.

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER: Richard Jefferson

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Allen

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Leonard

(Address) Md Penitentiary

15 MAR 15 1915 Filed ....., 191 ROBERT KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February - 2, 1915, to, March - 13 1915, that I saw him alive on March - 12 1915, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

(Duration) suddenly - yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Endocarditis. (Mitral Insufficiency

(Duration) yrs. 1 mos. 11 ds.

(Signed), William F. Schwartz M. D.

March 13, 1915. [Address] Maryland Penitentiary

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. 1 mos 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: March 16 191 5

20-UNDERTAKER: Charles B. Jones ADDRESS: 604 Roger St

N. B.—Every question should be carefully answered and no space left blank. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 C83539

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 240 N Bond ST.: b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bessie E Day

Residence in Baltimore: No. 240 N Bond St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Divorced

6-DATE OF BIRTH, June (Month) 14th (Day), 1869 (Year)

7-AGE, 45 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Murray

(Address) 1618 Mulliken st

15- Filed MAR 15 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah V. Russell M. D.
(Coroner.)

March 14, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 15 1915

20-UNDERTAKER George Schilling & Sons

ADDRESS 1136 E Monument st

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83540

CERTIFICATE OF DEATH.

92 C83540

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Ashland ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Stange

(Residence in Baltimore: No. 1205 Ashland ave St.; ...yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November 26th, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Stange

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth C Krebbs

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Stange

(Address) 1205 Ashland ave

15- MAR 15 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1915, to March 14 1914, that I saw him alive on March 14 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Chronic Nephritis
(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 6 ds.

(Signed) Albert L. Levy M. D.

3/14/15 191... (Address) 120 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	March 17th, 1915
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument 20

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83541

CERTIFICATE OF DEATH.

1 C83541

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 North Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. M. Russell

(Residence in Baltimore: No. 520 North Rose St.; ....yrs.,....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 21 (Day), 1907 (Year)

7-AGE, 7 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H. Russell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Mayfield.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Russell

(Address) 520 North Rose St.

15- Filed MAR 15 1915 ROBERT , KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1915, to March 12 1915, that I saw him alive on March 10 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Malignant Scarlet Fever

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

...., (Duration) ....yrs. ....mos. ....ds.

(Signed) Hans 93 Lemmon M. D.

March, 1915 (Address) 718 N. Pattison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill	3-15th, 1915.
20-UNDERTAKER E & B Harle	ADDRESS 115 E Mead St

2 P. m.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83542

CERTIFICATE OF DEATH.

169 C83542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Caroline ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Wilkinson

(Residence in Baltimore: No. 112 N. Caroline St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 15, 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
71 yrs. 1 mos. 25 ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Philadelphia

PARENTS.

10-NAME OF FATHER, William H. Patton

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret Gordon

13-BIRTHPLACE OF MOTHER (State or Country). on the Sea

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Wilkinson

(Address) 112 N. Caroline St.

15- MAR 15 1915 ROBERT . KRAUTER,
Filed ..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7" 1915, to March 12" 1915, that I saw her alive on March 11" 1915, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

Hypostatic Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ..... ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

..... (Duration) ..... yrs. 1 ..... mos. 5 ..... ds.

(Signed) Howard G. Silver M. D.

March 12, 1915. (Address) 14 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cemetery	March 16, 1915
20-UNDERTAKER	ADDRESS
Mrs A Robertson	730 Bonaparte

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83543

CERTIFICATE OF DEATH.

151 C83543

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 w Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Elsie & Frank Schroeder

(Residence in Baltimore: No. 613 w Saratoga St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, 3 (Month) 12 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	4 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 613 w Saratoga

PARENTS.

10-NAME OF FATHER, Frank Schroeder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elsie Hyseley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Schroeder

(Address) 613 Saratoga

15- Filed MAR 15 1915, 191... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3. 12. 1915, to 3. 12. 1915, that I saw h[illegible] alive on 3. 12. 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6½ mo.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) L. L. Leigh M. D.

....., 191... (Address) 637 Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	3-15, 191..
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES

083544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 083544

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Permanent dead Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie W.S. Seymour

(Residence in Baltimore: No. 336 Presstman St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, August 22, 1846.
(Month) (Day) (Year)

7-AGE. 68 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs, or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER. Felix McCurley.

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie McElhaney

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H.S. Seymour (Son)

(Address) 336 Presstman St.

15-MAR 15 1915 ROBERT ; KRAUTER
Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, ~~autopsy or inquiry.~~)
thereon and from the evidence obtained by said Inquest (Inquest, ~~autopsy or inquiry.~~) find that said deceased came to ~~her~~ death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accident - Automobile - Struck by machine causing fracture skull & instantaneous death
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) H.H.S. Seymour M. D.
(Coroner.)
March 14, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 16 1915

20-UNDERTAKER E.M. Mitchell — ADDRESS 120 W. Fayette

IMPORTANT.—Every certificate of death must be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85545

C85545

CERTIFICATE OF DEATH.

948

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1310 N Central ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Moan

(Residence in Baltimore: No. 1310 N Central Ave

unknown

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, June (Month) 7th (Day) 1850 (Year)

7-AGE, 64 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 1310 N. Central Ave.

15- Filed MAR 15 1915 ROBERT . KRAUTER, Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

March 15th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross.	March 16, 1915
20-UNDERTAKER H. C. Wiedefeld	ADDRESS 914 Freeman St

IMPORTANT.—Before any dead body is buried or removed from the city, a permit must be obtained from the Registrar of the district in which the death occurred. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C83546

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2425 St. Lake view Ave 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Michelson

(Residence in Baltimore: No. 2425 Lake view Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 6 (Day) 1912 (Year)

7-AGE, 2 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lee Michelson

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Hecht

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee Michelson

(Address) 2425 Lakeview Ave.

15- FILED MAR 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuber Cular Meningitis

(Duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry L. Algire M.D. (Coroner)

Mar 14, 1915. (Address) 364 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew Cem	March 16, 1915.
20-UNDERTAKER Jahrens & Co	ADDRESS 1611 Madison

If not buried in Baltimore, give name of cemetery in which body is to be buried.

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important. Be sure property classified.

C85547

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85547

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 N. Dallas ST.: 3 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland L. Thomas

(Residence in Baltimore: No. 527 N. Dallas St.; yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 20th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wilson Thomas

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Bessie Hess

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Taylor

(Address) 527 N. Dallas St

15-

Filed MAR 13 1915, 191.... Registrar.

ROBERT ... REGISTRAR

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea Gastritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) David W. Jones M. D.
(Coroner.)

March 14th 1915 (Address) 1211 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Evangelical	3-15, 1915.
20-UNDERTAKER	ADDRESS
A Sanders & Sons	1210 Eutaw St

CAUSE. ... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83548

CERTIFICATE OF DEATH.

92 C83548

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S. Rose ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D Yast

(Residence in Baltimore: No. 723 S. Rose St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec 23, 1914 (Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Daniel Yast

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Charlotta Frank

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Yast

(Address) 723 S Rose St

15-

Filed MAR 15 1915, 191.....

ROBERT . KRAUSE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to March 14 1915, that I saw him alive on March 13 1915, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. E. Green M. D.

3/15/15 191... (Address) 405 S. Pat. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, 3-16-, 1915

20-UNDERTAKER A Sander & Sons — ADDRESS 1710 Fleet St

C83549

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C83549

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1407 Bloomingdale Rd ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Luthardt

(Residence in Baltimore: No. 1407 Bloomingdale Rd St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH May (Month) 29 (Day), 1864 (Year)

7-AGE 50 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER John Muth

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Katharine Schreiber

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Luthardt

(Address) 1407 Bloomingdale

15. FILED MAR 15 1915 ROBERT . KRAUSER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1915, to Mar 14 1915, that I saw h[illegible] alive on Mar 13, 1915, and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Ch. Parenchymatous Nephritis
v Cardiac Hypertrophy
(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Geo A Straus Jr M. D.
Mar 15, 1915. (Address) 1935 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 16 1915

20-UNDERTAKER Josiah Sifer & Son ADDRESS 21 N Howard

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C83550

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Maryland Ave. St.; 12th Ward)

2-FULL NAME Mrs Ellen McMillin

(Residence in Baltimore: No. 102 W. Hill Street St.; .....yrs.....mos.....da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH, ... March (Month), 1 (Day), ... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie M. Carbaugh

(Address) 6 W. Lee St

15-

MAR 15 1915

Filed....., 191.....

ROBERT ARMISTEAD, CITY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month), 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to March 1915, that I saw h.. alive on March 1915; and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Chas. C. Grant M. D.

March 14, 1915 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 2 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 102 W Hill St

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET

DATE OF BURIAL, MAR 17 1915

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83551

CERTIFICATE OF DEATH.

C83551

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3634 Cascara ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Maier

(Residence in Baltimore: No. 3634 Cascara St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 10th (Day), 1849 (Year)

7-AGE	If LESS than 1 day,
65 yrs. 4 mos. 28 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Maier

(Address) 3634 Cascara St

15- Filed MAR 15 1915 ROBERT . KRAUTER, Asst. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Lamb Hemsley M. D. (Coroner.)

March 13th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 17th 1915

20-UNDERTAKER Charles H. Hill. ADDRESS 3107 Frederick Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C83552

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 W. Franklin ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Schwanebeck.

(Residence in Baltimore: No. 1311 W. Franklin St.; 44 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. 8th, 1825
(Month) (Day) (Year)

7-AGE, 89 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Kubbar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilie Hellbach

(Address) 1311 W. Franklin St.

15- Filed MAR 15 1915 ROBERT KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 10 1915, to Mar 13 1915, that I saw h er alive on Mar 12 1915, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. 2 mos. ... ds.

(Signed) J. F. Hawkins M. D.

Mar 15, 1915. (Address) 161 S. Eagle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, March 15th 1915.

20-UNDERTAKER Mrs. Mrs. John H. Teufel

ADDRESS 80 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1838 Lorman street, ST. 15 WARD)

Registered No. C 120 C83553

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hynson Young,

(Residence in Baltimore: No. 1838 Lorman street, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widower,

6-DATE OF BIRTH, ... Unknown, (Month) ..... , (Day) 1 (Year)

7-AGE	If LESS than 1 day,
50 yrs. ? mos. ? ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, James Young,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Margaret Jones,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Young, sister-in-law,

(Address) 1838 Lorman street.

15- MAR 15 1915 ROBERT . KRAUTER

Filed ..... 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 13th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kempel, M. D.
(Coroner.)

March 15 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mar 15, 1915

20-UNDERTAKER	ADDRESS
James H Dennis	303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83554

CERTIFICATE OF DEATH.

28 C83554

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2873 Philadelphia Ave ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Tarnber

(Residence in Baltimore: No. 2873 Philadelphia Ave St.; ..... yrs.. ..... mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 16, 1868
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis F. Tarnber

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary F. Vickery

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie L. Tarnber

(Address) 2873 Philadelphia Ave

15- Filed MAR 15 1915, 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 14, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 14 1915, that I saw h[illegible] alive on March 13 1915, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
following Pleurasy

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wally W. White M. D.

March, 1915. (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 17, 1915.

20-UNDERTAKER W. H. Hartley

ADDRESS 2012 E Madison St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83555

CERTIFICATE OF DEATH.

14 C83555

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 951 Pennsylvania Ave ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John F Fletcher

(Residence in Baltimore: No. 951 Pennsylvania Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 25, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Wm Fletcher

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Fletcher

(Address) 951 Pennsylvania Ave

15- MAR 15 1915 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 14 1915, that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) 1 yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 2 yrs. mos. ds.

(Signed) John F. Fisher M. D.

March 15, 1915. (Address) 2042 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, March 17, 1915

20-UNDERTAKER Einstein Miller — ADDRESS 2334 Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83556

CERTIFICATE OF DEATH.

47 C83556

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1752 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul C. Lampe

(Residence in Baltimore: No. 1752 N. Chester St.; ... yrs., ... mos. ... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 25, 1876
(Month) (Day) (Year)

7-AGE, 38 yrs. 11 mos. 16 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eberhard Lampe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary A. Freytager

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eberhard Lampe

(Address) 1752 N. Chester St.

15- MAR 15 1915 ROBERT J. KRAUTER Burial Permit Clerk

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to March 13 1915, that I saw h.m alive on March 13 1915, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Adolph C. Eisenberg M. D.

March 14, 1915. (Address) 2201-3 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill Cemetary	Mar. 16, 1915

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILE

Spec.—8-24-14—M. & T.—2000 Bks.

C83557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C83557

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bevan

(Residence in Baltimore: No. 424 N. Green St St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, Aug. 12, 1877
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. 8 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W. Bevan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lelia Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St.

15-Filed MAR 15 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1915, to Mar. 15 1915, that I saw h[im] alive on Mar 15 1915, and that death occurred, on the date stated above, at 12.54 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation and Chronic Bronchopneumonia

(Duration) ....yrs....mos....ds. Unknown

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs....mos....ds.

(Signed) Edward P. Smith M. D.

Mar 16, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? 424 N. Green St

Former or usual residence 424 N. Green St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Camp Parole A.A.Co	March 15, 1915

20-UNDERTAKER	ADDRESS
Wm Cook	5029 Northern

KODAK S·A

C83558

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83558

CERTIFICATE OF DEATH.

REGISTERED No. C 5

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 410 N Green ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Giuseppa Liberto

(Residence in Baltimore: No. 410 N Green St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 15, 1915
(Month) (Day) (Year)

7-AGE, (8 months foetus) yrs. mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Antonio Liberto

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Concetta Lascuola

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lascuola

(Address) 410 N. Greenstreet

15 MAR 15 1915 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth
(8 months foetus)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Foppes M. D.
(Coroner.)

March 15, 1915 (Address) 413 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent cemetery — DATE OF BURIAL, Mar. 15, 1915

20-UNDERTAKER John J Hayes son — ADDRESS 1318 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83559

CERTIFICATE OF DEATH.

91 C83559

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Leadenhall St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Bromwell

(Residence in Baltimore: No. 937 Leadenhall St.; 10 yrs., 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1904 (Year)

7-AGE, 10 yrs. 7 mos. 25 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles W. Bromwell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Maggie Stiles

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Charles W. Bromwell

(Address) 329 Leadenhall St

15-

Filed MAR 15 1915, 191.. ROBERT F. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1915, to March 13 1915, that I saw h-e alive on March 13. 1915, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 7 ds.

(Signed) J. Guy Bowley M. D.

3/15/, 191.. (Address) 136 W. Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn & Friendship — DATE OF BURIAL, ..., 191..

20-UNDERTAKER I. H. Bowman Sons — ADDRESS 108 W. Monroe

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83560

CERTIFICATE OF DEATH.

92 C83560 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 W. Montgomery ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Locks

(Residence in Baltimore: No. 510 W. Montgomery St.; ...yrs., mos. ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 21st (Day), 1853 (Year)

7-AGE, 61 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Wells

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Locks

(Address) 510 W Montgomery st

15- MAR 15 1915 ROBERT , BRAUER, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 13 1915, that I saw h-- alive on March 12 1915, and that death occurred, on the date stated above, at 5,30 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration)...yrs.....mos...7...ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration)...yrs.....mos...7...ds.

(Signed) C. T. Fisher M. D.

March 13 1915 (Address) 714 S. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 15, 191...

20-UNDERTAKER Alfred J. Freeland

ADDRESS 114 N Schroeder St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83561

C83561

151

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 S. Gilmor St.: 19 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary & Edwin Landchrist

(Residence in Baltimore: No. 420 S. Gilmor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	white	Single

6-DATE OF BIRTH Mch 14, 1915 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER Edwin Landchrist

11-BIRTHPLACE OF FATHER (State or country) Penna.

12-MAIDEN NAME OF MOTHER Mary Faith

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin Landchrist

(Address) 420 S. Gilmor St

15. FILED MAR 15 1915, 19.. ROBERT J. KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1915, to Mch 14 1915, that I saw h.. alive on Mch 14, 1915, and that death occurred, on the date stated above, at 11 p m.
The CAUSE OF DEATH* was as follows:

Premature Labor
(6 mos Uncertain)

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Preston Dunn M. D.

Mch 15, 1915 (Address) 1433 W Lombd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: March 15, 1915

20-UNDERTAKER: Geo Lois, Sack & Co. | ADDRESS: 618 N Gilmor St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83062

CERTIFICATE OF DEATH.

45 C83062

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Battery ave ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Cooney

(Residence in Baltimore: No. 1409 Battery ave St.; —yrs., —mos. —ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hwork
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, McDonald

11-BIRTHPLACE OF FATHER (State or Couutry), Ireland.

12-MAIDEN NAME OF MOTHER Sallie Connally

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sallie Queen

(Address) 1409 Battery ave

15-

Filed MAR 15 1915 HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/10 1911, to 3/13 1915; that I saw h[illegible] alive on 3/13 1915, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cancer (of Hand)

Exhaustion

Hemorrhage

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) L. G. Huntington M. D.

3/13, 1915. (Address) 1026 Forest

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Mar 16, 1915

20-UNDERTAKER, J. T. Hayden — ADDRESS 918 Eight Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83563

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83563

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 W. Clement ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Franklin Morris

(Residence in Baltimore: No. 7 West Clement St.; 38 yrs. 9 mos. 10 ds.)

Usual residence if not in Baltimore

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 4 (Day) 1876 (Year)

7-AGE 38 yrs. 9 mos. 10 ds.

If LESS than 1 day. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country), Baltimore City Maryland

PARENTS.

10-NAME OF FATHER, Elijah Morris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Toluka Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Mexico

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Morris (wife)

(Address) 7 W. Clement St

15- MAR 15 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed ....., 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 1914, to March 14 1915, that I saw him alive on March 13 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. P. Buxton M. D.

3/15, 191.5 (Address) 301 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 16, 1915

20-UNDERTAKER Edw. L. Fanning — ADDRESS 1938 E. Lafayette Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C83564

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83564

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 E. Federal ST.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace V. Burrier

(Residence in Baltimore: No. 2314 E. Federal St.: 22 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, not known, 1 (Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Timothy H. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Virginia Douglass

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Edward L. Burrier

(Address) 2314 E. Federal St

15- Filed MAR 15 1915, 191.. Burial Permit 01301 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 13 1915, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from MAR 5 1915 191, to MAR 13 1915 191, that I saw h alive on MAR 13 1915 191, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Secondary Pneumonia

(Duration) X yrs. X mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) X yrs. X mos. 8 ds.

(Signed) O. H. Barker M. D.

MAR 15 1915, 191.. (Address) 928 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, March 16, 1915

20-UNDERTAKER Henry Hosch Son — ADDRESS 1301 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C83565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C83565

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Montford Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Geis)

(Residence in Baltimore: No. 1509 N. Montford Ave St.; 57 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 25th, 1857 (Month) (Day) (Year)

7-AGE, 67 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Anton Schweigert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Joseph Geis

(Address) 94 N. Castle St.

15- Filed MAR 15 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 2 1915, to March 15 1915, that I saw h[er] alive on March 15 1915, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Circulation

(Duration) yrs. mos. 25 ds.

(Signed) W. J. Reardon M. D.

3-15, 1915. (Address) 2008 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, March 17, 1915

20-UNDERTAKER Denny Hook Sons — ADDRESS 1307 E. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—3000 Blks.

C83566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1742 C83566

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Williams

(Residence in ~~Baltimore~~: No. Annapolis Md. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write which).
Female	Black	Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) ..... (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Williams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- Filed MAR 15 1915, 191. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1915, to Mar 14 1915, that I saw h[er] alive on Mar 14, 1915, and that death occurred, on the date stated above, at 6.05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(no Operation)

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward L. Smith M. D.

Mar. 14, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted if not at place of death? Annapolis Md

Former or usual residence Annapolis Md

19-PLACE OF BURIAL, OR REMOVAL, Annapolis Md — DATE OF BURIAL, March 16, 1915

20-UNDERTAKER Chaney & Suite — ADDRESS Annapolis Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83567

C83567

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Warden Court St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Williams

(Residence in Baltimore: No. 902 Warden Court St.; ....yrs., ...mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOW(ER) OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH. March 5, 1915 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland (City)

PARENTS.

10-NAME OF FATHER. George Williams

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Louise Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Williams

(Address) 902 Warden Court

15-

Filed MAR 15 1915, 191... HARRY U. ARLOTTA Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to March 14 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 4.30 PM

The CAUSE OF DEATH* was as follows:

a Acute Endocarditis

~~Duration~~

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Lenarth M. D.

3/15, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 9 ds.

Where was disease contracted, if not at place of death? 902 Warden Court

Former or usual residence 902 Warden Court

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Mar 16, 1915

20-UNDERTAKER F. L. Blount Son

ADDRESS Montgomery St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C83568 HEALTH DEPARTMENT—CITY OF BALTIMORE C83568

CERTIFICATE OF DEATH.

+ 66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Invalid Hospital ST.) 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O Sinclair

(Residence in Baltimore: No. Reisterstown Md St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1860 (Year)

7-AGE, 55 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm R Sinclair

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ely Farmer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C R Sinclair

(Address) 406 Henderson St

15- MAR 15 1915

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 23 1914, to Mar 13 1915, that I saw h inalive on Mar 13 1915, and that death occurred, on the date stated above, at 9:40 a.m.

The CAUSE OF DEATH* was as follows:

Cataplexia Paraplegia

about 1 year (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) M. L. Lichtenberg M. D.

3-13-, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 10 mos. 18 da. In the State 55 yrs. mos. da.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence Reisterstown Md

19-PLACE OF BURIAL OR REMOVAL, Reisterstown Cemty

DATE OF BURIAL, Mar 16, 1915

20-UNDERTAKER J F Elsner

ADDRESS Reisterstown Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C83569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 5 ST.; WARD)

REGISTERED No. C 79 C83569

2-FULL NAME Columbus Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. East St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.)
Male	Black	Single

6-DATE OF BIRTH, July 14 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 7 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Columbus Williams

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lucy Sheridan

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- MAR 15 1915 Filed, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to Mar 10 1915, that I saw h[illegible] alive on Mar 10 1915, and that death occurred, on the date stated above, at 5 08 m.

The CAUSE OF DEATH* was as follows:

Toxic Nephritis

(Duration)

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward R. Smith M. D.

Mar 11 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 5 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? East St

Former or usual residence East St

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, MAR 15 1915

20-UNDERTAKER Commissioner Health, Per. Wm. S. WOODALL ADDRESS MAR 15 1915

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83570

CERTIFICATE OF DEATH.

C83570

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bearcroft,

(Residence in Baltimore: No. 100 N. Front St. St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), ... (Year)

7-AGE, 33 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland.

PARENTS.

10-NAME OF FATHER, Bearcroft,

11-BIRTHPLACE OF FATHER (State or Country), Scotland.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR 15 1915 HARRY O. ANDREWS, UNIVERSITY OF MARYLAND.

Filed....., 191.. Registrar. Commissioner Health,

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 23 1915, to Feby 28 1915, that I saw him alive on Feby 28 1915, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia & Pleurisy with Effusion.

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) J. W. Vinton Clif X M. D.

Feby 28, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 7 weeks ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence 100 N. Front St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAR 15 1915

20-UNDERTAKER Per. Wm. E. WOODALL ADDRESS

FOR ANATOMICAL PURPOSES.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83571

CERTIFICATE OF DEATH.

28

Registered No. C83571

1 PLACE OF DEATH

City of Baltimore (No. 319 S Howard St.: 22 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Davis

(Residence in Baltimore: No. 319 S Howard St.: yrs., mos. ds.)

Known to tuberculosis Nurses Garrison as Peyton Miller

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Colored	Single

6 DATE OF BIRTH ..... Unknown ....., 1..... (Month) (Day) (Year)

7 AGE, ... 50 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE, (State or Country) Unknown

PARENTS.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or Country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Sutton

(Address) 219 S Howard

15. Filed MAR 15 1915 191 Harry O. Anderson Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH ..... March ..... 10th ....., 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ... find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Phthisis (Pulmonary) .....

..... (Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ..... Hemorrhage .....

..... (Duration) ... yrs. ... mos. 1 ds.

(Signed) ..... Edw. Gruenthal ..... M. D. (Coroner.)

March 12 1915. (Address) 517 Lodge St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND. DATE OF BURIAL: MAR 15 1915

20 UNDERTAKER: Commissioner Health, Per. Wm. E. WOODALL. ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83972

15 C83972

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 606 N. Bond ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Foetus of Guy & Emma Thompson

(Residence in Baltimore: No. 606 N Bond St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Foetus

6-DATE OF BIRTH, March 4th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foetus
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Guy Thompson

11-BIRTHPLACE OF FATHER (State or Country), Dallas Texas

12-MAIDEN NAME OF MOTHER Emma Wehrs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed MAR 15 1915, 191.....
BURIAL PERMIT ISSUED
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Bryan L. Russell M. D.
(Coroner.)
March 4th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAR 15 1915

20-UNDERTAKER Commissioner Health, ADDRESS
Per. Wm. E. WOODALL

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

C83573

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St.; 15th WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. [redacted])

2-FULL NAME Mrs Susanna Herman

(Residence in Baltimore: No. 3300 Windsor ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Chas Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sarah Maurer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lewis Schaffer

(Address)..... Frankford Pa

15-

Filed MAR 15 1915, 191.....

HARRY O. ANDREAE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1915, to Mar 14 1915; that I saw h[illegible] alive on March 13 1915, and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Wm C. Ayres M. D.

Mar 15, 1915 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 3300 Windsor Ave

19-PLACE OF BURIAL OR REMOVAL, Frankford Pa — DATE OF BURIAL, March 16 1915

20-UNDERTAKER James S Ayres — ADDRESS 514 N Eutaw St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C83574 HEALTH DEPARTMENT—CITY OF BALTIMORE C83574

CERTIFICATE OF DEATH. x 18

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Belvedere St. 11 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waldo S. Myers.

(Residence in ~~Baltimore:~~ No. Meridian, Miss. St.; yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Contractor
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Meare & Son undertaker

(Address) 805 N. Calvert St.

15- MAR 15 1915 HARRY O. ANDREWS

Filed....., 191. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~(Inquest, or~~ Inquiry (autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY. (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Thos. Holamberton M. D. (Coroner.)

March 15, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Meridian Miss — DATE OF BURIAL, Mar 15, 1915

20-UNDERTAKER Henry H Meare & Son — ADDRESS 805 N Calvert St

C83575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83575

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 334 S. Fulton Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Heinzenberger

(Residence in Baltimore: No. 334 S. Fulton Ave St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 14th, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	12 hrs. or ..... min.?
12 hours	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Louis C. Heinzenberger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida M. Pole

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Heinzenberger

(Address) 334 S. Fulton Ave

15- MAR 15 1915 Registered ....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis of Lungs
Asphyxia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Abnormal Presentation & Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Moses M. Strauss M. D.
(Coroner.)
March 15, 1915 (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Mar 16, 15

20-UNDERTAKER	ADDRESS
Joseph Bloch	1037 N. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83576

CERTIFICATE OF DEATH.

92 C83576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Strieker ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence M. Boon

(Residence in Baltimore: No. 406 N. Stricker St. St.; 37 yrs., 9 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 29, 1877 (Month) (Day) (Year)

7-AGE, 37 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Benj. N. Berry

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Florence A. Horn

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. N. Berry

(Address) 406 N. Stricker St.

15- Filed MAR 15 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 14th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6th 1915, to Mar. 14, 1915 that I saw h w alive on Mar 14. 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary) Engorgement of the Lungs

(Duration).....yrs.....mos.....ds.

(Signed) Wm. Baldwin M. D.

Mar. 15 1915. (Address) 710 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 17, 1915

20-UNDERTAKER Joseph. P. Cook — ADDRESS 703 W. Balto St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83577 — TO C83577

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1127 S. Spring St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Gredway

(Residence in Baltimore: No. 427 S. Spring St.; 5 yrs. — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Don't Know (Month) (Day) 1870 (Year)

7-AGE: 45 yrs. — mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Henry Rau

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Schmieler

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred Least

(Address) 1127 S. Spring St

MAR 15 1915 — Burial Permit Clerk

Filed....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 15th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1915, to, March 15th, 1915, that I saw her alive on March 15th 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism of Right Ventricle; with a probable Septic Pneumonia due to absorption of Caseid material of the Bronchi-tis

Duration: yrs. mos. ds.

Contributory (SECONDARY): Bronchitis (Chronic) & Influenza

Duration: yrs. 1 mos. Several D.

(Signed) Albert Miller M. D.

3/15/, 1915 [Address] 2723 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: March 17th, 1915

20-UNDERTAKER: Trudell Siffpal & Son — ADDRESS: 53 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83578

CERTIFICATE OF DEATH.

119

REGISTERED No. C 83578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Eastern Ave. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lapetina

(Residence in Baltimore: No. 923 Eastern Ave St.; ....yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 23, 1902
(Month) (Day) (Year)

7-AGE, 13 yrs. 0 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Antonio Lapetina

11-BIRTHPLACE OF FATHER (State or Country), Italy Italy

12-MAIDEN NAME OF MOTHER Anna Covagno

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonio Lapetina

(Address) 923 Eastern Ave.

15-MAR 15 1915 HARRY O ANDREWS, Clerk

Filed....., 1915.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to March 14 1915; that I saw h— alive on March 14 1915; and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Valentine M. D.

March 11, 1915 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery — DATE OF BURIAL, March 17 1915

20-UNDERTAKER Woodall Upperton Co — ADDRESS 37 Vincent

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C83578~~ C83579 **CERTIFICATE OF DEATH.** 28 C83579

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 House Ct. ST.; 22 ....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Henson

(Residence in Baltimore: No.) 7 House Ct. St.; Life yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 10th, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 4 mos. da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Henson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Belle Hopkins

(Address) 209 N. Eden St

15- Filed MAR 15 1915, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to March 14 1915, that I saw h[illegible] alive on March 13 1915, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (Duration)...yrs...mos...da.

CONTRIBUTORY (Secondary) Heart Disease & Dropsy

(Duration)...yrs...mos...da.

(Signed) Edward L. Dyer M. D.

Mar. 14, 191... (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Townsend Conn — DATE OF BURIAL, March 17 1915

20-UNDERTAKER Harry A. Vodrey — ADDRESS 1715 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH PEN AND INK AND DO NOT USE LEAD PENCIL

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83580 HEALTH DEPARTMENT—CITY OF BALTIMORE 80 C83580

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 McCulloh St., ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Kadden,

(Residence in Baltimore: No. 2033 McCulloh St., St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married,

6-DATE OF BIRTH, ... Aug. (Month) ..... 10th. (Day), 1848. (Year)

7-AGE, 66 yrs. 7 mos. 4 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Mendel Kadden,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Hannah Beckenheimer,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. B. Kadden,

(Address)..... 2033 McCulloh St.

15- Filed MAR 15 1915, 191.. HARRY O. [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 14th. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1915, to March 191..., that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 7 3 m.

The CAUSE OF DEATH* was as follows:

..... Angina Pectoris
2. Mac.
.....
.....
..... (Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
Cardiac Degeneration
..... (Duration).. 2 yrs. ..... mos. ..... ds.

(Signed)..... Joseph E. Glademan M. D.

March 15 1915. (Address) 1816 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship,	Mch., 16th, 1915.
20-UNDERTAKER	ADDRESS
Bard Sondheim	[illegible] Lloyd

Spec.—8-24-14—M. & T.—2000 Bks.

C83581

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Brookfield Ave., ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Rosenberg,

(Residence in Baltimore: No. 2010 Brookfield Ave., St.; 30 yrs., mos. ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female,	White,	Single

6-DATE OF BIRTH, May (Month) 27th. (Day) 1876. (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 9 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Norfolk Va.,

PARENTS.

10-NAME OF FATHER, Micheal Rosenberg,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Julia Keyser,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.Rosenberg,

(Address) 2010 Brookfield Ave.,

15- MAR 15 1915 BARRY O'Ak... Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, (Month) 14th. (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 1915, to March 14th 1915, that I saw her alive on March 14th 1915, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar.

(Duration) —yrs. —mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) —yrs. —mos. 2 ds.

(Signed) Louis C. Hamburger M. D.

March 15, 1915 (Address) 1207 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park. (cremation)	March 16th, 1915

20-UNDERTAKER	ADDRESS
Dan'l Sandheim	1518 W. Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83582

CERTIFICATE OF DEATH.

× 64 C83582

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Suter

(Residence in Baltimore: No. 821 New Jersey Ave, N.W. Wash DC St.; ...yrs., ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 8, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas. Suter

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Henrietta Keener

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Daisy Suter

(Address) 1631 E. Preston St

15- Filed MAR 16 1915, 191... ROBERT ... BRAUTIGAM, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1915, to March 14 1915, that I saw h...alive on March 14 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Senility (Duration) ...yrs. ...mos. 2 ds.

(Signed) Elmer Wiesner M. D.

3-16..., 191.5. (Address) Maryland Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Wash. D C

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery — DATE OF BURIAL, March 17, 191.5.

20-UNDERTAKER H. E. Hughes — ADDRESS 17 S. Bdway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83583

CERTIFICATE OF DEATH.

28 C83583

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Parish St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME James Johnson

(Residence in Baltimore: No. 819 Parish St. St.; ...yrs., mos.. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 1, 1885
(Month) (Day) (Year)

7-AGE, 29 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John W Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Susa Bolden

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Johnson

(Address) 819 Parish St.

15-

Filed MAR 16 1915, 191.... ROBERT ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd. 1915, to Mar. 14th 1915, that I saw him alive on March 14th 1915, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac & renal complications (Duration) — yrs. 2 mos. ds.

(Signed) Chas. C. McCarthy M. D.

Mar. 14, 1915. (Address) 406 N. Hilbert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, M. Certain — DATE OF BURIAL, Mar. 17, 191.5

20-UNDERTAKER Hammond Campbell — ADDRESS 1364 Main

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83584 — 28 C83584

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1019 Little Stennett St.; 21 Ward)

2-FULL NAME Anna E. Dunscath Dunscath

(Residence in Baltimore: No. 1019 Little Stennett St.; 49 yrs. 9 mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: July 25 (Month) (Day), 1870 (Year)

7-AGE: 44 yrs. mos. ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Jno. Lemmert

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Dallmayer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary Lemmert

(Address): 1019 Stennett St

15- Filed MAR 16 1915, 19... ROBERT . ARAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1915, to, Mar 13 1915, that I saw h.er alive on Mar 13 1915, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 2 mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Mary Boyd M. D.

Mar 15 1915 (Address) 602 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar 16th 1915

20-UNDERTAKER: Jas. Dignan & Son — ADDRESS: 1000 S. Exeter

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83585

CERTIFICATE OF DEATH

150 C83585

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1719 N. Caroline ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude E. Laeffler

(Residence in Baltimore: No. 1719 N Caroline. St.: ..... yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH: march (Month) 14 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 1 ds. | If LESS than 1 day, ... hrs. or —min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Edward Laeffler.

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Laura E. Huck.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John M. Dandeson Md

(Address) 1714 N. Caroline St

15 Filed MAR 16 1915 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from march 14, 1915, to. mar. 16 1915, that I saw her alive on march 16, 1915, and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Congenital malformation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M. Dandeson M. D.

Mar 16, 1915 (Address) 1714 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 16th, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Son	1128 E Monument St

C83586

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C83586

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 520 S. Broadway St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kwasnik (Kwasnike)

(Residence in Baltimore: No. 520 S. Broadway St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 9 (Day), 1876 (Year)

7-AGE: 39 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russian Poland

PARENTS

10-NAME OF FATHER: Ignatius Krasnik

11-BIRTHPLACE OF FATHER (State or country): Russian-Poland

12-MAIDEN NAME OF MOTHER: Katherine Mazor

13-BIRTHPLACE OF MOTHER (State or country): Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Raymond Krasnik

(Address) 1714 E. Fayette St.

15- Filed MAR 16 1915, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14 19, 1915, to March 14 1915, that I saw h... alive on March 14 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Hypertrophy and Dilatation of the Heart (Duration) One yrs 1 year mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Edgar P. Sambrook M. D.

March 14, 1915 [Address] 1607 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Mar. 17, 1915

20-UNDERTAKER: William Fiedkowski ADDRESS: 168 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83587

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 C83587

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1701 N. Washington St.; 8 WARD)
REGISTERED No. C
(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine K Kamm Kamm
(Residence in Baltimore: No. 1701 N. Washington St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed
6-DATE OF BIRTH: July 1, 1848 (Month) (Day) (Year)
7-AGE: 66 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE (State or country): Germany

PARENTS
10-NAME OF FATHER: Georg Grimmel
11-BIRTHPLACE OF FATHER (State or country): Germany
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Thirbot Kramer
(Address) 1701 N. Washington

15-FILED MAR 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 14, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 10, 1914 to March 14 1915.
that I saw her alive on March 14 1915.
and that death occurred, on the date stated above, at 2.30 a. m.
The CAUSE OF DEATH* was as follows:
Hemiplegia
(Duration) yrs. 9 mos. ds
Contributory (SECONDARY) Arteriosclerosis
(Duration) yrs. 1 mos. ds.
Filed Mch 16 1915 (Address) 1407 N. Gay St. William Francis Gay M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dallas — DATE OF BURIAL: Mar 16, 1915
20-UNDERTAKER: Ralph J Young — ADDRESS: 1814 W Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83588

CERTIFICATE OF DEATH.

10 C83588

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 E. 30th St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Alexander Hambleton

(Residence in Baltimore: No. 925 E. 30— St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 31 (Month), (Day), 1868 (Year)

7-AGE, 56 yrs. 11 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Talbot Co

PARENTS.

10-NAME OF FATHER, Alexander Hambleton

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co

12-MAIDEN NAME OF MOTHER Mary Harries

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Hambleton

(Address) 925 E. 30. St.

15-

FILED MAR 16 1915 191... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14 (Month), (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 26 1915, to Mch 14 1915, that I saw h alive on Mch 13 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

1. .....
2. La Grippe
3. .....

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 1 yrs. 7 mos. 18 ds.

(Signed) ..... M. D.

Mch 15, 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Mar 17, 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83589 C83589

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. John H. Lowekamp

(Residence in Baltimore: No. 1225 E. Eager St.; 63 yrs., 11 mos. 16 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 5, 1851.
(Month) (Day) (Year)

7-AGE, 63 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Catholic Priest
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John F. Lowekamp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothy Schafer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Henry Ostermann

(Address) 1225 E. Eager St.

15- MAR 16 1915 Filed ....., 191.... ROBERT . . . . . Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from at intervals during past few months 191.. to 191.., that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. mos. ds.

(Signed) F. H. Dorsey M. D.

March 15, 191.. (Address) 1132 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 17, 191..
20-UNDERTAKER Henry Hoerth & Son	ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83590

CERTIFICATE OF DEATH.

10 C83590

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 E. Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Theresa S. Schurer

(Residence in Baltimore: No. 2425 E Preston St.; 73 yrs., 4 mos. 13 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 3rd, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, John Steigerwald

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothy Schaefer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John S. Schurer

(Address) 2425 E. Preston St.

15- MAR 16 1915 ROBERT ..... Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to March 16 1915, that I saw her alive on March 15 1915, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) 2 yrs. 5 mos. 3 ds.

(Signed) O. H. Dukem M. D.

Mch. 16, 1915. (Address) 928 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, March 19, 1915

20-UNDERTAKER Henry Ford (Son) — ADDRESS 1301 E. Lafayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83591

CERTIFICATE OF DEATH.

79 C83591

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. S. W. for Lancaster & Bond STS 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W. Bullock

(Residence in Baltimore: No. No settled or permanent residence St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH,

..... March 15th, 1859.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Potter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Toby Blacksmith helper

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel Bullock

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Kate Hesterson

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Frank E. Bullock

(Address)... Mt. Washington Md

15- MAR 16 1915 ROBERT ARAUTER

Filed..... 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 15th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... inquest.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Organic Heart Disease.....
.....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed)..... David W. Jones.....M. D.
(Coroner.)
Mch. 16th, 1915. (Address).....Md.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	March 18, 1915
20-UNDERTAKER	ADDRESS
Henry Koch Son	1301 E Baltimore St

U. S. A. FEB 25 1915

C83592 HEALTH DEPARTMENT—CITY OF BALTIMORE C83592

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 637 Ensor St. Ward 5)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Rubin

(Residence in Baltimore: No. 637 Ensor St.

St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Oct — —, 1858
(Month) (Day) (Year)

7-AGE. 56 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Selig Rubin
11-BIRTHPLACE OF FATHER (State or Country): Russia
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jake Lewis
(Address) 1419 E Balto

15- Filed MAR 16 1915 191.. ROBERT ARAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 16th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency
Valvular Heart Disease (Duration) 2 yrs. mos. ds.

(Signed) Moses M. Sara, M. D.
(Coroner)

(March 16 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	3/17, 19 15
20-UNDERTAKER	ADDRESS
Jack Lewis	1419 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83593

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

Wisby 28 C83593

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2538 W Fairmount Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Catherine Wisby

(Residence in Baltimore: No. 2538 W Fairmount Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: January (Month) 14 (Day), 1887 (Year)

7-AGE: 27 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Henry Kratz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Hasler

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Charles F Wisby

(Address) 2538 W Fairmount

15- Filed MAR 16 1915 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1915, to, March 14 1915, that I saw h.. alive on March 14 1915, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) unknown yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Walter A Eck M. D.

3-16, 1915. [Address] 511 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: 3/17 1915

20-UNDERTAKER: F. J. Wisp ADDRESS: 2238 Frederick Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

083594 — 94 083594

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 1741 S. Charles ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R Martin

(Residence in Baltimore: No. 1741 S Charles ST.: 70 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: about (Month) ..., 1835 (Year)

7-AGE: about 80 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Samuel J Ruggold

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Clara E. Tyman

(Address): 1741 S. Charles St

15. Filed MAR 16 1915 191 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1915, to, Mch 14 1915, that I saw her alive on March 13, 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

(a) ...
(b) Edema of Lungs
...
(Duration) ... yrs. ... mos. 14 ds

Contributory (SECONDARY): Senility
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Jeffers M. D.
Mch 16 191 (Address) 716 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: March 16, 1915

20-UNDERTAKER: Chas. E. Bauch | ADDRESS: 803 Madison Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83595 — 43 C83595

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3907 Brookline ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Cordelia Baylor Quarles

(Residence in Baltimore: No. 3907 Brookline ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH October 29, 1850 (Month) (Day) (Year)

7 AGE 64 yrs. 4 mos. 15 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Tazwell Co. Va.

PARENTS

10 NAME OF FATHER: Eldred R. Baylor

11 BIRTHPLACE OF FATHER (State or country): Tazwell Co. Va.

12 MAIDEN NAME OF MOTHER: Cordelia Baylor

13 BIRTHPLACE OF MOTHER (State or country): Tazwell Co. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eldred R. Quarles

(Address) 3907 Brookline ave

15 Filed MAR 16 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk's

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I ~~attended~~ was called deceased ~~from~~ March 15, 1915 ~~to March 15 1915~~. ~~that I saw h alive on~~ March 15 ~~1915~~, and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast

(Duration) Several years

Contributory (SECONDARY) Probable Internal Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Holbrook, M. D.

Mar. 15, 1915 (Address) 730 Mowingdale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 17, 1915

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83596

CERTIFICATE OF DEATH.

10 C83596

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Catherine Arnold

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 17th (Day), 1914 (Year)

7-AGE, yrs. 11 mos. 30 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, Herbert Arnold.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie McMahon

(Address) 1228 Battery Ave

15- Filed MAR 16 1915, 191.. ROBERT, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to March 15 1915, that I saw her alive on March 15 1915, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY. (Secondary) Gastro-intestinal intoxication

(Duration) yrs. mos. 5 ds.

(Signed) Grover M. C. Parker M. D.

March 16, 1915. (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters | DATE OF BURIAL, 3-17th, 1915

20-UNDERTAKER C & B Steele | ADDRESS 115 E West St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83597 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C83597

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 327 Princeton Place ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie J. Scott.

(Residence in Baltimore: No. 327 Princeton Place St. yrs., 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Johnson.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eggie Jane.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eggie Johnson (Mother in law)

(Address) 1810 Guilford Place

15-

Filed MAR 16 1915, 191.... BARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. H. Lankenau M. D. (Coroner.)

March 16, 1915 (Address) 1 S. W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ashbury Cemetery — DATE OF BURIAL, March 18th, 1915

20-UNDERTAKER Geo. H. Holland — ADDRESS 517 Robert St.

Spec.—8-24 14—M. & T.—2000 Bks.

C83598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C83598

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 N. Lexington ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Woods

(Residence in Baltimore: No. 1425 N. Lexington St. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 16 (Day), 1915 (Year)

7-AGE, ... yrs. 0 mos. 0 ds.

If LESS than 1 day, 4 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md. (Balto City)

PARENTS.

10-NAME OF FATHER, John C. Woods

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Miriam Bartscher

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Woods

(Address) 1425 N. Lexington St.

15-

MAR 16 1915 BOARD OF HEALTH

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 16 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 16 1915, to May 16 1915, that I saw h~~im~~ alive on March 16 1915, and that death occurred, on the date stated above, at 8¼ A m.

The CAUSE OF DEATH* was as follows:

(a) Asphyxia Neonatalorum

(b) .....

(c) .....

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Zinn M. D.

3/16, 1915. (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, March 16 1915.

20-UNDERTAKER Wm. E. Black

ADDRESS 212 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

C83599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

C83599

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 827 E Chase ST.; 10 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Mc Ginnity

(Residence in Baltimore: No. 827 E Chase St ; ~ yrs. ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May (Month) ..... (Day), 1849 (Year)

7-AGE, 65 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Mc Ginnity

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen Vinny

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Mc Ginnity

(Address) 827 E. Chase St.

15-

Filed MAR 16 1915, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1914, to Mar 14th 1915, that I saw him alive on Mar 14th 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cirrohasis of Liver

Incidre 14th to Senility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ..... yrs. 11 mos. ..... ds.

(Signed) D. T. Mythen M. D.

Mar 15, 1915. (Address) 293 S. Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Cathedral Cem't

DATE OF BURIAL: Mar 17th, 1915.

20-UNDERTAKER: John D Moran

ADDRESS: Fairfield

Spec.—5-19-13—M. & T.—500 Bks.

C83600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83600

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Lakewood Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Carolyn Fairley

(Residence in Baltimore: No. 613 N. Lakewood Ave St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 24th (Day), 1914 (Year)

7-AGE, yrs. 3 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John Fairley

11-BIRTHPLACE OF FATHER (State or Country). Balto. City

12-MAIDEN NAME OF MOTHER Anna Lassen

13-BIRTHPLACE OF MOTHER (State or Country). Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Fairley

(Address) 613 N. Lakewood Ave

15-

MAR 16 1915

Filed....., 191.... HARRY O. ANDREAE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 15 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lob

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. V. Riley M. D.

March 16, 1915 (Address) 1000 N. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, March 17, 1915

20-UNDERTAKER H. Sander Sons ADDRESS 1110 Fleet St.

Spec.—8-24-14—M. & T.—2000 Blks.

C83601 HEALTH DEPARTMENT—CITY OF BALTIMORE C83601

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 690 Columbia Av ST.; 27 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel S. Mullington

(Residence in Baltimore: No. 690 Columbia Ave St.; —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 17, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. — mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Mullington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah A Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Mullington

(Address) 690 Columbia Ave

15-

MAR 16 1915 HARRY O. ANDREWS

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to March 14 1915, that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 11.55 am m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. E. Fuller M. D.

March 15, 1915. (Address) 612 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, March 16, 1915.

20-UNDERTAKER W. W. Cook — ADDRESS 502 E. Northam

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83602

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C83602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 ST., 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. John Hobner

(Residence in Baltimore: No. 283 S. Robinson St. St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 9 (Day) 1837 (Year)

7-AGE 77 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, John Lahner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Greaser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hobner

(Address) 283 S. Robinson St

15- MAR 16 1915 HARRY O. RODGERS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 14 1915, to Mar. 16 1915, that I saw her alive on Mar 15 1915, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Hem. Cont. Brain Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Suspected Leg

(Duration) yrs. mos. ds.

(Signed) Edward L. Johnson M. D.

Mar 16, 1915. (Address) 1000 Druid Park Drive

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 57 yrs. 9 mos. 6 ds.

Where was disease contracted if not at place of death? 283 S. Robinson St

Former or usual residence 283 S Robinson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Mar 18, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2034 Belmont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83603 — CERTIFICATE OF DEATH. — 28 — C83603

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Boxton

(Residence in Baltimore: No. 744 Bradley St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: June (Month) 1897 (Day), (1897) (Year)

7-AGE: 17 yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Un. Laundry

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: Thorton Boxton

11-BIRTHPLACE OF FATHER (State or Country): Va "

12-MAIDEN NAME OF MOTHER: Lizzie Bobenbu

13-BIRTHPLACE OF MOTHER (State or Country): Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Boxton

(Address) 744 Bradley St.

15. MAR 16 1915 HARRY O. ANDREWS, Filed ..... 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/14 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 2/15 1915, to 3/14 1915, that I saw her alive on 3/12 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis
& Intestinal Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ellis M. D.

3/15, 1915. (Address) 924 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: March 17, 1915.

20-UNDERTAKER: Daniel Easton — ADDRESS 960 Penna ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83604

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 John ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rundall

(Residence in Baltimore: No. 1204 John St ... St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, November 12, 1849
(Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John K. Randall

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Ruth Hooker

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Randall

(Address) 1204 John St.

15- MAR 16 1915 HARRY O. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1914, to March 15 1915, that I saw h m alive on March 15 1915, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 2 yrs. ....mos. ....ds.

(Signed) John A. Evans M. D.

Jan. 15, 1915. (Address) 101 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	March 17, 1915

20-UNDERTAKER H. W. Jenkins Son & Mc ADDRESS Gilmor and Lord Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C83605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83605

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Franklin Sqr. Hos. ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wheeler

Residence in Baltimore: No. 28 Wheeler ave. St.: —yrs.,—mos.—ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 4 (Month) (Day) 1874. (Year)

7-AGE, 40 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, H- Weeler

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Susan N Shafford

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie I Wheeler

(Address) 28 A Wheeler Ave

15-

Filed MAR 16 1915, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 16 1915, that I saw h[illegible] alive on March 16 1915, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration).....yrs.....mos. 16 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Geo. H. Enars M. D.

Mar. 16, 1915. (Address) Franklin Sqr. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 28 Wheeler ave.

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Mar. 18.., 1915

20-UNDERTAKER William Cook

ADDRESS Govanstown

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83606

CERTIFICATE OF DEATH

1915

C83606

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 304 E. 21st St.; ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Charles Hacker.

(Residence in Baltimore: No. 304 E. 21st St.; 67 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: March 14, 1837 (Month) (Day) (Year)

7 AGE: 78 yrs. — mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Hacker

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar C. Hacker

(Address) 1533 W. Lombard St.

15 MAR 16 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 16, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1915, to March 11 1915, that I saw him alive on March 11, 1915, and that death occurred, on the date stated above, at 9.35 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Indefinite (Duration) — yrs. — mos. — ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Arthur M. D.

March 16, 1915 (Address) 1426 N. Rawlings St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL: Louden Park — DATE OF BURIAL: March 18, 1915

20 UNDERTAKER: William Cook — ADDRESS: 508 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C83607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C83607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 E. Fort ave ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin C. Kaiser

(Residence in Baltimore: No. 928 E. Fort ave St.; Life yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, April 11, 1872 (Month) (Day) (Year)

7-AGE, 42 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: coal dealer
(b) General nature of industry, business, or establishment in which employed (or employer): self

9-BIRTHPLACE, (State or Country): Balto city

PARENTS.

10-NAME OF FATHER: John P. Kaiser

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Holz

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lottie M. Kaiser

(Address) 928 E. Fort ave

15- Filed MAR 16 1915, 191.... Burial Permit Clerk
HARRY O. ANDERSON
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 15 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1914, to Mar 15 1915, that I saw h[illegible] alive on Mar 15 1915, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 17 ds.

(Signed) H. Hurd Bond M.D.

March 16, 1915. (Address) 1328 St. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 3/18, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E. North ave

C83608

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83608

CERTIFICATE OF DEATH

19

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1809 Fall Road ST.: 13 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Pettey

(Residence in Baltimore: No. 1809 Falls Road St.: 63 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Not definitely Known (Month) (Day) (Year)

7-AGE: abt. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frmanagh Co Ireland

PARENTS

10-NAME OF FATHER: Robert McDonnell

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Oneil

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Pettey

(Address) 1809 Fawl Road

15- MAR 16 1915 HARRY O ANDREWS, Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 15 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1915, to. Mch 15 1915.
that I saw her alive on March 10th 1915.
and that death occurred, on the date stated above, at 2.20 p. m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Disease of heart.
1 — or more
(Duration) yrs. mos. ds.
Contributory (SECONDARY) Lobar Pneumina
(Duration) yrs. 2 mos. ds.
(Signed) Wallace Jay Townsend M. D.
March 16, 1915. (Address) 2727 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 35 yrs. mos. ds. in the State 40 yrs. mos. ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 18, 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C83609

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C83609

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 S. Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lola Cullison

(Residence in Baltimore: No. 1341 S. Dallas St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: (Month) Unknown (Day) 1888 (Year)

7-AGE: 27 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Washing
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: — Unford

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Cullison

(Address) 1341 S. Dallas

15- Filed MAR 17 1915 ROBERT . KRAUTH? Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1915, to, March 14 1915, that I saw h.er alive on " " 1915, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Dysenora

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Pulm. Tuberculosis

(Duration) yrs. 2 mos. ds.

(Signed), Jacob L. Winsor M. D.

3 - 14 1915 [Address] 308 S. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar. 17, 1915

20-UNDERTAKER: Robert A. Elliott — ADDRESS: 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83610 — 92 C83610

REGISTERED No. C.....

1 PLACE OF DEATH

OF BALTIMORE: (No. 617 Pierce ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Goods

(Residence in Baltimore: No. 617 Pierce St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7-AGE: 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: H A Goods

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizbeth Robison

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Elezbeth Marion

(Address): 617 Pierce St

15- Filed MAR 17 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1915, to, March 14 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H K Fowler M. D.

3-15 1915 [Address] 1117 W Saratoga St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Tenn	March 17 1915

20-UNDERTAKER	ADDRESS
Robert A Elliott	506 Rose St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83611

CERTIFICATE OF DEATH.

30 C83611

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2010 E. Chase St.; 9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Edgar Strydom

(Residence in Baltimore: No. 2010 E. Chase St.; ....yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 25, 1897
(Month) (Day) (Year)

7-AGE, 17 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plumber's
(b) General nature of industry, business, or establishment in which employed (or employer) Helper

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Howard Strydom

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margaret Barry

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Barry

(Address) 2010 E. Chase

15- Filed MAR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to March 16 1915, that I saw h[illegible] alive on March 16 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Edward J. Cook M. D.

3/16..., 1915 (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ds. In the State ....yrs. ....mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Mar. 19..., 1915.

20-UNDERTAKER Robert J. Turner

ADDRESS 1442 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83612

CERTIFICATE OF DEATH.

170 C83612

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo J Cook

(Residence in Baltimore: No. 1230 Aisquith St.; ...yrs., ...mos. ...ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo J Cook

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cook

(Address) 1230 Aisquith St.

15- Filed MAR 17 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan., 191.., to Mar. 15, 1915, that I saw him alive on Mar. 15, 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial
nephritis

(Duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Lee Magruder M. D.

Mar. 15, 1915 (Address) 1206 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Mar 17, 1915
20-UNDERTAKER Robt J Turnbull	ADDRESS 1811 N Bway

Spec.—5-19-13—M. & T.—500 Bks.

C83613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C83613

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E Lafayette Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Jones Jones

(Residence in Baltimore: No. 15 E Lafayette Ave St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 20, 1836
(Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Marys Co Md.

PARENTS.

10-NAME OF FATHER, James Hallston

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co

12-MAIDEN NAME OF MOTHER Jane Blackabee

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Jones

(Address) 15 E Layayette Ave

15- Filed MAR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to Mch 16 1915, that I saw h.. alive on Mch 15 1915, and that death occurred, on the date stated above, at 6-a m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis
Aortic Stenosis
Cardiac (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) William F. Ivey M. D.

March 17, 1915. (Address) 1629 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Mar 17, 1915

20-UNDERTAKER Wm F Turner — ADDRESS 1842 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19083614

19083614

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 662 Cokesbury Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma S. Krantz

(Residence in Baltimore: No. 662 Cokesbury Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 24th, 1871
(Month) (Day) (Year)

7-AGE, 43 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Henry De Barmendia

11-BIRTHPLACE OF FATHER (State or Country). Cuba

12-MAIDEN NAME OF MOTHER Emma J Scarf

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Krantz

(Address) 662 Cokesbury Ave

15- Filed MAR 17 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) Elijah J Russell M. D.
(Coroner.)

March 16th, 1915. (Address) 433 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, March 18, 1915.

20-UNDERTAKER Robt J Turner

ADDRESS 1742 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83615

CERTIFICATE OF DEATH.

19 C83615

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Union Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Shaffer

(Residence in Baltimore: No. 525 Union Ave. St.; ....yrs... mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, Aprial (Month) 2 (Day), 1840 (Year)

7-AGE, 74 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): St. Ry.

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, David Shaffer

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Annie Burnes

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mr. Luther Shaffer (Informant)
525 Union Ave. (Address)

15- Filed MAR 17 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1915, to March 15 1915, that I saw h[im] alive on March 15 1915, and that death occurred, on the date stated above, at 5 [illegible]

The CAUSE OF DEATH* was as follows:

Mitral Valve Disease of Heart

Mitral Valve Insufficiency

(Duration) ....yrs. 1/2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] Kelly M. D.

March 19 1915. (Address) 5842 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	Mar. 18 5, 191..

20-UNDERTAKER A.S.Marshall ADDRESS 3539 Falls Road

Spec.—5-19-13—M. & T.—500 Bks.

C83616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C83616

1-PLACE OF DEATH 1611 Eutaw Place

CITY OF BALTIMORE: (NO.) ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Maria Hinder

(Residence in Baltimore: No. 1611 Eutaw Place St.; 3 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 6th, 1840 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 9 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... No occupation
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Samuel Hinder

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md

12-MAIDEN NAME OF MOTHER Harriet Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louise Binder

(Address) 1219 Madison ave

15- Filed MAR 17 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8 A.M. March 15th 1915, to 10 A.M. Mar. 15 1915, that I saw her alive on March 15th 1915, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

Ten hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fatty degeneration

(Duration) ....yrs. ....mos. ....ds.

(Signed) Amanda T. Norris M. D.

Mar. 15, 1915. (Address) 1643 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Mar. 18, 1915.

20-UNDERTAKER E. M. Mitchell — ADDRESS 1201 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83617

CERTIFICATE OF DEATH.

28 C83617

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Major alley. Jayne ally ST.; 10 WARD)

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Louise Hill

(Residence in Baltimore: No. 732 Jane alley St.; ....yrs.,.... mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 18.... (Month) (Day) (Year)

7-AGE, 33 yrs.....mos.....ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home worke
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, abraham Hill

11-BIRTHPLACE OF FATHER (State or Country). Balt Md

12-MAIDEN NAME OF MOTHER Louisa Hill

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) abraham Hill

(Address) 732 Major st

15- Filed MAR 17 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to March 14 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

T B

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Lungs

(Duration) yrs. 1 mos. 12 ds.

(Signed) J. G. W. Kennard M. D.

March 15 191... (Address) 708 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loud Cemety — DATE OF BURIAL, March 17, 1915

20-UNDERTAKER John F. Owens — ADDRESS 1222 Druid st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83618 13th C83618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hahnemann General Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. #1122 N. Mount ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lottie B Hoey

(Residence in Baltimore: No. 2305 E Lafayette Ave St.: ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 5th (Month) (Day), 1877 (Year)

7-AGE, 37 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Forest Hill, Md.

PARENTS.

10-NAME OF FATHER, Wm. O. Grafton

11-BIRTHPLACE OF FATHER (State or Country). Forest Hill, Md

12-MAIDEN NAME OF MOTHER Naomi McKnight

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E Clark

(Address) 1310 N Gilmor St

15- Filed MAR 17 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 2nd, 1915, to March 16th 1915, that I saw her alive on March 16th 1915, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Extra Uterine Pregnancy

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Shock (Duration) ....yrs. ....mos. ....ds.

(Signed) Charles E. Clark M. D.

March 16 1915. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2305 E. Lafayette ave.

Former or usual residence 2305 E. Lafayette ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, March 19, 1915.

20-UNDERTAKER George Schilling & Sons ADDRESS 1116 E Monument St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C83619

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 E Federal ST.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Morris Weil

(Residence in Baltimore: No. 1626 E Federal St.: ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September 11th, 1872 (Month) (Day) (Year)

7-AGE, 42 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulding finisher
(b) General nature of industry, business, or establishment in which employed (or employer): Furst Bros

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Weil

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Mary Black

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Kate F. Weil

(Address) 1626 E. Federal st

15- MAR 17 1915 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Mar 15 1915, that I saw him alive on Mar 15 1915, and that death occurred, on the date stated above, at 4.45 P.m.

The CAUSE OF DEATH was as follows:*

Acute Pulmonary Tuberculosis

(Duration) 1 yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Gen Paralysis

(Duration) 2 yrs. ....mos. 7 ds.

(Signed) Chas B Lum M.D.

March 17, 1915. (Address) 718 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 18th, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83620

64 C83620

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH (

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter E Creery

(Residence in Baltimore: No. Bank of Baltimore St.; 725 Pennington Ave yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John R. McCreery

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Emma Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. T. Creery.

(Address) 725 Pennington Ave

15- MAR 17 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 15 1915, to Mar. 16 1915, that I saw him alive on Mar. 16 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Parenchymatous Nephritis

(b) .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Edward J. Senft M. D.

Mar 16, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Bank of Baltimore

Former or usual residence Bank of Baltimore

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Mar. 18, 1915.

UNDERTAKER W. W. Cook ADDRESS 502 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83621

CERTIFICATE OF DEATH

119 C83621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Eagan

(Residence in Baltimore: No. 22 Paul St. St.; 2 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6-DATE OF BIRTH: Nov 2, 1912 (Month) (Day) (Year)

7-AGE: 2 yrs. 4 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): X

PARENTS

10-NAME OF FATHER: Bernard Eagan

11-BIRTHPLACE OF FATHER (State or country): X

12-MAIDEN NAME OF MOTHER: Lizzie Griffith (Eagan)

13-BIRTHPLACE OF MOTHER (State or country): X

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15- Filed MAR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 15, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29, 1914, to, Mar 15 1915, that I saw her alive on Mar 13 1915, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Subacute Nephritis

(Duration) 2. yrs mos. ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed) Edgar P. Truesdale M. D.

Mar 15 1915 [Address] 1616 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 3 mos 14 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death? Could not nephritis on admission

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 16 1915 131

20-UNDERTAKER: Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83622

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 120 × C83622

CITY OF BALTIMORE: (No. 8 University Hospt ST.; 4 WARD)

REGISTERED NO. C.....

2-FULL NAME Henry Hall

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Catonsville Md. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1855 (Year)

7-AGE, 60 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank Hall

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER, Susan Bice

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hall

(Address) Catonsville Md.

15- Filed MAR 17 1915 ROBERT . KRAUTER Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27, 1915, to March 16 1915, that I saw h.m alive on March 16 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic Interstitial Nephritis + Uraemia

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(Duration) ....yrs. ....mos. 17 ds.

(Signed) Thomas Kennedy M. D.

3-14-1915 (Address) Maryland Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Harmony Town Cemetery

DATE OF BURIAL, Mar. 19, 1915.

20-UNDERTAKER Jno Edward W. Pye

ADDRESS 611 Lintyo Ave Catonsville Md.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 138 C83623

1-PLACE OF DEATH Maryland General Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hall

(Residence in Baltimore: No. 646 N. Hoffman St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Wesley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Wesley

(Address) Glenburnie Md

15- Filed MAR 17 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to March 16 1915, that I saw her alive on March 16 1915, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(Duration) yrs. mos. 18 hrs. ds.

CONTRIBUTORY (Secondary) Puerperal Eclampsia.

(Duration) yrs. mos. 1½ ds.

(Signed) Jas. L. Sprott M. D.

Mar. 16, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 1½ ds.

Where was disease contracted, if not at place of death?

Former or usual residence 646 N. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL, Glenburnie Md. DATE OF BURIAL, Mar. 17 1915

20-UNDERTAKER Alfred J. Garland ADDRESS at 1144 N. Charles

C83624

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9.2 C83624

REGISTERED No. C

1-PLACE OF DEATH

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 614 Saratoga St ST. WARD)

2-FULL NAME Thomas Amster Reed

(Residence in Baltimore: No. 614 Saratoga St St.: — yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	divorced

6-DATE OF BIRTH December 25, 1865
(Month) (Day) (Year)

7-AGE 49 yrs. 2 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Richmond, Va.

PARENTS

10-NAME OF FATHER Spencer Reed

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Mary Armster

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Rieland, M.D.

(Address) 2532 Edmondson Ave

15. ROBERT . KRAUTER,
Filed MAR 17 1915 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 14, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1915, to March 14 1915, that I saw h-m alive on March 12, 1915, and that death occurred, on the date stated above, at 9.20 P. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Rieland M. D.

3-15, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 18, 1915

20-UNDERTAKER: James H Dennis — ADDRESS: 1307 Boston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83625

5 C83625

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Callow Ave., St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Eiseman

(Residence in Baltimore: No. 2221 Callow Ave., St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH. Oct. (Month) 21st. (Day) 1856. (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 4 mos. 24 ds.	...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Mnfg.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Moses Eiseman,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Cecil Getz,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Eiseman

(Address) 2221 Callow Ave.,

15- Filed MAR 17 1915, 191.. ROBERT . KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March. 17th., 1915.
3 (Month) 17 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1915, to March 16 1915, that I saw h[illegible] alive on March 16 1915, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mel. Coma

Arteriosclerosis

..... (Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

Cardiac failure (Duration) ... yrs. ... mos. 1 ds.

(Signed) C. Clinton Smith M. D.

Mar 17, 1915. (Address) 817 Park ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Har Sinai,	March 19 1915

20-UNDERTAKER	ADDRESS
David Lordheim	1180 N. Royal ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83626

CERTIFICATE OF DEATH.

151 C83626

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315½ Forrest St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Lottie Jones

(Residence in Baltimore: No. 315½ Forrest St.; ....yrs., ...mos. ....da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Col	single

6-DATE OF BIRTH, May 15, 1910
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Edwards

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lottie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Edwards

(Address) 315½ Forrest St

15- MAR 17 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May. 15 1915, to May 16 1915, that I saw h[illegible] alive on May. 16 1915, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

General Debility

(Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary) Mal. Malnutrition

(Duration) ....yrs....mos....da.

(Signed) Jno. H. Tompkins M. D.

May 16 1915 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 17, 1915

20-UNDERTAKER, Wm. H. Elliott — ADDRESS 526 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083627 083627

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Lesh Sr ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Reese

(Residence in Baltimore: No. 315 Lesh St.; ...yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE, 45 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Marcus Stafts

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Reese

(Address) 315 S Lesh St

15- Filed MAR 17 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915, to March 15 1915, that I saw her alive on March 14 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Howard W. Jones M. D.

3.16., 191.5 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Star Cemetery — DATE OF BURIAL, Mar 18, 1915

20-UNDERTAKER Alfred Freeland — ADDRESS 1142 Scott

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 20 WARD)

REGISTERED No. C 129 C83628

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Mayfield

(Residence in Baltimore: No. 1807 White St St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) Aug (Day) 5, (Year) 1886

7-AGE,	If LESS than 1 day,
28 yrs. 8 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kate Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nurse Mercy Hosp

(Address) Calvert St

15- Filed MAR 17 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1915, to Mar 15 1915, that I saw h[illegible] alive on Mar 14 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Laryngitis & Mycoderitis

(Duration) ..... yrs. ..... mos. Do not know ds.

CONTRIBUTORY (Secondary) Hysterectomy 3/5/15

(Duration) ( ) yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

Mar 15, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State 54 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1807 White St

Former or usual residence 1807 White St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cemetery	March 17 1915

20-UNDERTAKER Alfred J. Freeland ADDRESS 1414 Sarato 25

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~083629~~ 11 083629

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(Residence in Baltimore: No. 712 Hanover St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Black	Widower

6-DATE OF BIRTH, June (Month) 20 (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
54 yrs....mos....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, E. Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth James

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Johnson

(Address) 332 W. Biddle St.

15- FILED MAR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to March 16 1915; that I saw him alive on March 16 1915; and that death occurred, on the date stated above, at 10 10 p m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis
Intestinal Perforation
(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Rio - colitis
(Duration) ? yrs. ? mos. ? ds.

(Signed) John S. Fenby M. D.

3/17, 191... (Address) Md Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos. —ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 712 Hanover St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn et	March 19, 191...

20-UNDERTAKER	ADDRESS
J L Toomey & Son	108 W Monty St

C83630 HEALTH DEPARTMENT--CITY OF BALTIMORE 92 C83630

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2532 W. Lanvale St.: 16 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel P. Collett

(Residence in Baltimore: No. 2532 W. Lanvale St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 17, 1875 (Month) (Day) (Year)

7-AGE: 39 yrs. 7 mos. 30 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Electric Car
(b) General nature of industry, business, or establishment in which employed (or employer): Conductor

9-BIRTHPLACE (State or country): Tennessee

PARENTS

10-NAME OF FATHER: John Collett

11-BIRTHPLACE OF FATHER (State or country): Tennessee

12-MAIDEN NAME OF MOTHER: Nancy J. Fenichan

13-BIRTHPLACE OF MOTHER (State or country): Tennessee

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luella Collett

(Address) 2532 W. Lanvale st

15. MAR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1915, to March 16 1915, that I saw h-im alive on March 16, 1915, and that death occurred, on the date stated above, at 9:50 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Weakness, Heart & Pneumonia

(Duration) ..... yrs. ..... mos. 12 hours ds.

(Signed) Wm. Grant M. D.

March 17, 1915 (Address) 1925 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Knoxville Tenn. | DATE OF BURIAL: 3/17, 1915

20-UNDERTAKER: William Cook | ADDRESS: 502 E North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C83631

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Burks

(Residence in Baltimore: No. Lynchburg Va. St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	Single

6-DATE OF BIRTH, August (Month) 19 (Day), 1871 (Year)

7-AGE, 43 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Virginia

PARENTS.

10-NAME OF FATHER, Roderick Burks

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Frances Penn

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis J. Blondell

(Address) Washington, D.C.

15- Filed MAR 17 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 17 1915, that I saw her alive on March 17 1915, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma S. sigmoid

(Operation)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia.

(Duration) yrs. mos. ds.

(Signed) R. F. Kieffer M. D.

Mar 17. 1915. (Address) 1514 Division ST.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lynchburg Va.

19-PLACE OF BURIAL OR REMOVAL. Lynchburg, Va. DATE OF BURIAL. Mar. 17, 1915

20-UNDERTAKER Joseph P. Cook ADDRESS 1003 N. Gilmore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83632

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

14 C83632

REGISTERED NO. C.

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. ..... Ward .....)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Chas. Rose, (Thomas Lund) Name according to Baptismal certificate

(Residence in Baltimore: No. U. S. Marine Hospital St.; 2 yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: about 1868 (Month) (Day) (Year)

7-AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Sweden

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) his statement on admission to Hospital
(Address)

15- MAR 17 1915 .191 HARRY O. ANDERSON, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 17, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 11, 1915 to, March 17, 1915, that I saw him alive on March 16 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(in hospital) (Duration) yrs. mos. 6 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. K. Carter M. D.

March 17, 1915 [Address] U. S. Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Trinity Cem- DATE OF BURIAL: March 18, 1915

20-UNDERTAKER: H. E. Hughes ADDRESS: 17 S. Bdway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83633

HEALTH DEPARTMENT—CITY OF BALTIMORE

157

C83633

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1221 N. Decker Ave ST.. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ignatzy Zawoski

(Residence in Baltimore: No. 1221 N. Decker Ave.

St.; yrs., 28 mos. ~~dys.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 16, 1866
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thomas Zawoski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Marianna Andrew

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mary Polanski

(Address)..... 1219 N. Decker Ave

15- Filed MAR 17 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) David W. Jones M. D.
(Coroner.)

March 16, 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Mar 18, 1915
20-UNDERTAKER	ADDRESS
Stephen J Szalkowski	1019 S Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH PEN AND INK.

C83634

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83634

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 322 E. 25th 2h St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Conway

(Residence in Baltimore: No. 322 E. St.: —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. ? (Month) (Day), 1842 (Year)

7-AGE: 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or —min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Conway

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Elizabeth Cundy

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bridget Connelly

(Address) 322 E 25th St.

15 Filed MAR 17 1915, 191 HARRY O. ANDREAS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to, March 15 1915, that I saw h— alive on March 15, 1915, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Arteri Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Wm Cadden M. D.

March 16, 1915 (Address) 321 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Mar 18, 1915

20-UNDERTAKER: John A Moran & Sons

ADDRESS Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C83635 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 120 C83635

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eichhorn

Residence in Baltimore: No. 207 N. Castle St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept 11th, 1839 (Month) (Day) (Year)

7-AGE, 75 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, Steven Eichhorn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eichhorn

(Address) 207 Castle St

15- Filed MAR 17 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1914, to March 15 1915, that I saw h.. alive on March 14 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Uremia Cystica

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Alois B Lemmon M. D.

March 16, 1915. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Mar 19, 1915

20-UNDERTAKER John A Moran ADDRESS Bank & Aisquith

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83636

C83636

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Bloomberry St.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Linton

(Residence in Baltimore: No. 112 Bloomberry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Jan (Month) 18 (Day), 1877 (Year)

7-AGE, 36 yrs. 1 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Linton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Dolphin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Conn

(Address) 112 Bloomberry St.

15- MAR 17 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Mar 15 1915, that I saw h[illegible] alive on Mar 14 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. S. Campbell M. D.

Mar 16 1915 (Address) 164 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem | DATE OF BURIAL, 3/18, 1915

20-UNDERTAKER S. F. McAnally | ADDRESS 39 E. Ford a

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83637

CERTIFICATE OF DEATH.

120 C83637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E Balto ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Chas E Heusler

(Residence in Baltimore: No. 1408 E Balto St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 10, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas E Heusler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Theresa Blasely

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Heusler

(Address) 1408 E Balto St.

15- Filed MAR 17 1915, 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 25 1915, to March 14 1915, that I saw h[illegible] alive on March 14 1915, and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Bright's Disease
Kidneys
(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Right Hemiplegia — Aprosia
(Duration) — yrs. — mos. 7 ds.

(Signed) Alfred L. Whitehead M. D.

March 15, 1915 (Address) 1213 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 17, 1915
20-UNDERTAKER Robt J Turner	ADDRESS 1822 413 Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83638

CERTIFICATE OF DEATH

9VC83638

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 320 S. Ann ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Thurlow

(Residence in Baltimore: No. 320 S. Ann St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 28 (Day) 1855 (Year)

7-AGE: 59 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: John Thurlow

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Mary A. Commerroth

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter N. Thurlow

(Address) 320 S. Ann St.

15- MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk
FILED ..... 191 REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to, March 16 1915, that I saw her alive on March 16 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 10 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs ..... mos. 2 ds.

(Signed), Fred A. Brune M. D.

March 16, 1915. [Address] 125 S. Bdwy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cem	March 19 1915
20-UNDERTAKER	ADDRESS
Wm. E. Black	2126 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83639

CERTIFICATE OF DEATH.

19 C83639

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Rudolf

(Residence in Baltimore: No. 124 S. Mount St ~~St~~ St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, December 12, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Charles Stenth

(Address)..... 24 S Mount St

15- MAR 18 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to March 16 1915, that I saw her alive on March 16 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY. (Secondary) Pulmonary Edema

..... (Duration) yrs. ..... mos. 1 ds.

(Signed) J. W. Vinton Clift M. D.

March 17, 1915. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 124 S Mount St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Mar. 19, 1915

20-UNDERTAKER Knull & Son

ADDRESS 1729 W Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83640

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83640

CERTIFICATE OF DEATH.

78

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 15 S Stockton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert Jackson

(Residence in Baltimore: No. 15 S. Stockton St.; yrs. 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1876 (Year)

7-AGE, ... 39 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Sanders

(Address) 15 S. Stockton

15- Filed MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Moses M. Savage, M. D. (Coroner.)

March 17, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carlton	March 18 1915
20-UNDERTAKER	ADDRESS
John J Conway & Son	701 Hollins St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83641

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C83641

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 539 Wilson St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Willie Johnson

(Residence in Baltimore: No. 539 Wilson St.; yrs. mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: March (Month) 2nd (Day), 1915 (Year)

7-AGE: — yrs. — mos. 16 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant of Parents
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John H Johnson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Alice Garrett

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H Johnson

(Address) 539 Wilson St

15-FILED MAR 18 1915 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 17 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 16, 1915, to March 17 1915, that I saw him alive on March 17 10 a.m. 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows: (?)

Lack of Ability to Assimilate (?) food very poorly developed

(Duration) yrs. mos. ds.

Contributory (SECONDARY): As above

(Duration) yrs. mos. ds.

(Signed) J C Stewart M. D.

March 18, 1915 (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Mar 18 1915

20-UNDERTAKER: Felix B Pyle

ADDRESS: 102 E Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83642

CERTIFICATE OF DEATH.

40 C83642

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Stanek

(Residence in Baltimore: No. 2213 E Madison St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Bohemia

10-NAME OF FATHER, Josef Kalal

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Bèle

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hajek

(Address) 2213 E Madison st

15- Filed MAR 18 1915 191..... ROBERT . BRADLEY, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1915, to March 17 1915, that I saw her alive on March 1915, and that death occurred, on the date stated above, at 1230 A m.

The CAUSE OF DEATH* was as follows:

.....

Carcinoma of liver

Contributory Exhaustion

Duration—Antecedent ..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W Wolfe M. D.

March 17, 1915. (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 19, 1915.

20-UNDERTAKER Frank Enoch & Son — ADDRESS 1904 Eastland Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83643

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 X 57

C83643

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 603 Aisquith St. ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Brown

(Residence in Baltimore: No. 603 Aisquith St.: 3 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Insert the word): Single

6 DATE OF BIRTH: March 4, 1912 (Month) (Day) (Year)

7 AGE: 3 yrs. mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Meredith Camp

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Braun

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth Braun

(Address) 603 Aisquith St

15 Filed MAR 18 1915 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 16th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 5th, 1915 to March 16th 1915, that I saw her alive on March 15, 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Hepatic
(Specific)

(Duration) unknown ds

Contributory (SECONDARY) Candida Assistance.

(Duration) yrs. mos. 1 ds.

(Signed) Albert L. Levy M. D.

3/16/15 191 (Address) 1207 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem'y | DATE OF BURIAL: March 18, 1915

20 UNDERTAKER: Charles B Jones | ADDRESS: 504 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83644

CERTIFICATE OF DEATH.

40 C83644

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Landon

(Residence in Baltimore: No. 513 S. Belnord Ave St. 59 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH: January (Month) 1 (Day), 1855 (Year)

7-AGE: 60 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Jacob Landon

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip

(Address) Johns Hopkins Hosp

15- Filed MAR 18 1915, 1911 ROBERT F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 16 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 2, 1915, to Mar 16, 1915, that I saw him alive on Mar 16 1915, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Terminal Convulsions

Mastoiditis Exenteration made.

CONTRIBUTORY (Secondary) Operation + Autopsy (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Isadore Dyke M. D.

Mar 16 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State V yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? V

Former or usual residence 513 S. Belnord Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Trinity Cemetery	March 19th 1915.
20-UNDERTAKER	ADDRESS
R. Sander & Sons	1710 Fleet St.

C83645 HEALTH DEPARTMENT—CITY OF BALTIMORE C83645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 10 N Chester ST. 6 WARD) 17 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M Fuchs

(Residence in Baltimore: No. 10 N Chester St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): ~~Married~~ Widowed

6-DATE OF BIRTH: Oct 10 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Fuchs

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Schuman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fuchs

(Address) 10 N. Chester St

15- Filed MAR 18 1915, 19... ROBERT KRAUSER Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 16 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental fall down cellar Stairway.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

March 17 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State.... yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: March 19 1915

20-UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Eutaw

Burial Permit Clerk. Registrar. H. Sander & Sons 1210 Eutaw St

Spec.—5-16-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83646

CERTIFICATE OF DEATH.

1 79 C83646

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 306 S. Duncan ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ely

(Residence in Baltimore: No. 306 S. Duncan St.; 60 yrs., 5 mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 9, 1853 (Month) (Day) (Year)

7-AGE, 61 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work..... married
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Volland

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E. Vogel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Ely

(Address) 306 S. Duncan St

15- Filed MAR 18 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1913, to March 17 1915, that I saw her alive on March 16 1915, and that death occurred, on the date stated above, at 7.25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 2 mos. ds.

(Signed) Geo. Heller M. D.

March 17, 191.. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. DATE OF BURIAL, March 20 191.5.

20-UNDERTAKER H. Sander & Sons ADDRESS 1210 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83647

42 C83647

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Fredrick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Chenoweth

(Residence in Baltimore: No. 1934 Fredrick Ave St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, December 27nd, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George W. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Dyckhart M.D.

(Address) 701 N. Carrollton Ave

15- Filed MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19th, 1915, to March 16th 1915, that I saw her alive on March 16th 1915, and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus & Adnexa, involving Bladder, and D. Post Vaginal walls & Rectum.

(Duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Metastasis involving Rectum (Duration) ....yrs. 7 mos. ....ds.

(Signed) Howard Dyckhart M. D.

March 16th, 1915. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, May 19, 1915

20-UNDERTAKER F.B. Heppard

ADDRESS 2238 Fred'k Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83648

CERTIFICATE OF DEATH.

71 C83648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Lancaster ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Lewandowska

(Residence in Baltimore: No. 1618 Lancaster St.; ....yrs.,....mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Lewandowski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Agnes Konecka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Lewandowski

(Address) 1618 Lancaster St

15- Filed MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 17 1915, that I saw h[illegible] alive on March 17 1915, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Endico Paolazzi

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Krauter M. D.

3-18, 1915. (Address) 2008 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus — DATE OF BURIAL, Mar 18, 1915.

20-UNDERTAKER M. Sadowski — ADDRESS 705 E. Ann St.

C83649 HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83649

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Kranawood St Joseph's Hosp St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Kimmel

(Residence in Baltimore; No. 916 N Arlington ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 20th (Day), 1855 (Year)

7-AGE, 59 yrs. 9 mos. 25 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butter + Egg Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter J Kimmel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Kimmel

(Address) 916 N Arlington Ave

15- Filed MAR 18 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.his.death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Edgar L. Kendall M. D. (Coroner.)

March 17, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Emmitsburg Md	March 19, 1915
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83050

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home & Infirmary St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank M Debelius

(Residence in Baltimore: No. Raspeburg, Balto Co, Md.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1877 (Year)

7-AGE, 37 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pres & Manager Ind.
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Co

9-BIRTHPLACE, (State or Country), Balto Co. Md.

PARENTS.

10-NAME OF FATHER, Frank Debelius

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Forrest

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Debelius

(Address) Raspeburg, Md.

15- Filed MAR 18 1915, 191.

ROBERT A. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull and Compression of Brain (also fracture of both legs and three ribs) the result of being struck and accidentally run over by an Automobile (Duration) yrs. 0 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm H Savage M. D.
(Coroner.)
March 18, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? On Philadelphia Road

Former or usual residence Raspeburg, Balto Co.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Mar 18 1915

UNDERTAKER, Lilly & Feiler ADDRESS 402 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83651 — 74 — C83651

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Annie Gallagher

(Residence in Baltimore: No. 605 N. Carey St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 21, 1891
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Bridgt Mc Dad

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence White

(Address) 1335 N. Milton ave

15- MAR 18 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to Mar 16 1915, that I saw h[er] alive on Mar 16 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion following

(Duration) yrs. mos. 6 ds.

(Signed) E. L. Garner M. D.

March, 1916. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 605 N Carey st

Former or usual residence 605 N Carey st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Mar 19, 1915
20-UNDERTAKER Geo M. Frank	ADDRESS 811 N Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83652

CERTIFICATE OF DEATH.

1915 C83652

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hartz

(Residence in Baltimore: No. 369 Bergen St Brooklyn N.Y. St.; ..... yrs., ... mos. ..... ds.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widower

6-DATE OF BIRTH, ..., 1832
(Month) (Day) (Year)

7-AGE, 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Canasser
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X St Josephs Hospital

(Address) W. Lafayette Ave

Filed MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 17 1915, that I saw him alive on March 17 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

Urinary Retention (Duration) ..... yrs. 8 mos. 8 ds.

(Signed) Jno. A. Kinton Clerk M. D.

March 18, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. / ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 369 Bergen St Brooklyn N.Y.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem.	Mar. 19, 1915.
20-UNDERTAKER W. M. Faulkner	ADDRESS 4 W. Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 C83653

CERTIFICATE OF DEATH.

19 C83653

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Wolfe St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Brandt

(Residence in Baltimore: No. 1607 N. Wolfe St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 11th, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. dr.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brewer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Brandt

(Address) 1607 N. Wolfe St.

15- Filed MAR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to Mch 17 1915, that I saw h-im alive on March 17 1915, and that death occurred, on the date stated above, at 2 a, m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Myocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. ds.

(Signed) Robert J. Follmer M. D.

March 17 1915. (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, Mar 19, 1915

20-UNDERTAKER J. Herwig & Co

ADDRESS 208 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83654 64 C83654

1-PLACE OF DEATH University Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs May Emm

(Residence in Baltimore: No. 64 W. Herman St ST.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Do Not Know (Month) (Day) 18 77 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home Life
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknowable

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Catherine Klemm

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William W Brown

(Address) 144 W Herman St

15- Filed MAR 18 1915, 191... HARRY O. ANDERSON, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-15-1915, to 3-17-1915, that I saw h[illegible] alive on 3-17-1915, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral Hemorrhage)

4 yrs. (Duration)

CONTRIBUTORY (Secondary) Pulmonary oedema

2 ds. (Duration)

(Signed) O. Klauenbach M.D. M. D.

3-17-, 1915. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State 28 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ???

Former or usual residence 64 W. Herman St

19-PLACE OF BURIAL, OR REMOVAL, Catonsville Pa. DATE OF BURIAL, March 19 1915

20-UNDERTAKER William Cook ADDRESS 502 Edmondson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83655

113

REGISTERED No. C 83655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N Dallas ST.: 6 WARD)

2-FULL NAME Frank Hinkelmann

(Residence in Baltimore: No. 101 N Dallas St.; — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) Nov (Day) 1 (Year)

7-AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Boiler Makers
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Frank Hinkelman

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Ackerman

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Hinkelman

(Address) 101 North Dallas

15- Filed MAR 18 1915 191

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 16- (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1914, to Mar 16 1915, that I saw [illegible] alive on Mar 14 1915, and that death occurred, on the date stated above, at 12.55 p. m.

The CAUSE OF DEATH* was as follows:

Hepatic Hypertrophy
Cirrhosis

(Duration) yrs. 3- mos. ds.

Contributory (SECONDARY) Broken Constitution

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 16, 1915 [Address] 1437 E 33rd Way

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 19" 1915

20-UNDERTAKER: William Cork — ADDRESS: 504 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

C83656

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83656

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Caroline St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A. Boehm

(Residence in Baltimore: No. 1637 N. Caroline St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 19th, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 27 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fornan
(b) General nature of industry, business, or establishment in which employed (or employer)..... in Piano Factory

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Boehm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Maggie M. Boehm

(Address)..... 1637 N. Caroline.

15-
Filed MAR 18 1915 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1915, to March 17 1915, that I saw h~~im~~ alive on March 16 1915, and that death occurred, on the date stated above, at 9.0 m.

The CAUSE OF DEATH* was as follows:

Hemoptysis

(Duration) —yrs. —mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 11 yrs. —mos. —ds.

(Signed) Clark Getz M. D.

Mar. 18, 1915. (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	Mar. 19, 1915
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aisquith

N. B.—Every item of information should be carefully supplied. ACCURACY in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83657 HEALTH DEPARTMENT---CITY OF BALTIMORE C83657

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 151

CITY OF BALTIMORE: (No. 1807 N. Payson St.; 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Goldstein

(Residence in Baltimore: No. 1807 N. Payson St. St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 17 (Day) 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 15 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Wm. Goldstein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Ehlen

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Wm Goldstein

(Address): 1807 N. Payson St

15- Filed MAR 18 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1915 to March 18 1915, that I saw h.. alive on March 17 1915, and that death occurred, on the date stated above at 10 a. m.

The CAUSE OF DEATH* was as follows:

Ethamtom
(Premature Birth)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Houck M. D.

3/18/15 191.... [Address] 1924 N. Mont. Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 18th, 191 5

20-UNDERTAKER: Geo Lemmlein & Sons — ADDRESS: 647 W Pratt

C83658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83658

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 544 N. Carey street, ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher D. Lindsey,

(Residence in Baltimore: No. 544 N. Carey street, St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, August (Month) 16th (Day), 1846. (Year)

7-AGE, 68 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retailer of
(b) General nature of industry, business, or establishment in which employed (or employer): tobacco & cigars

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John D. Lindsey,

11-BIRTHPLACE OF FATHER (State or Country), Scotland,

12-MAIDEN NAME OF MOTHER Rebecca Ringgold,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lina G. Lindsey, wife,

(Address) 544 N. Carey street.

15- MAR 18 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial naphritis,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D. (Coroner.)

March 17 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Mch 19 1915

20-UNDERTAKER Chas. E. Franck ADDRESS 807 Madison ave

C83659

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C83659

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2544 Wilkins Ave. ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel H. Kohler

(Residence in Baltimore: No. 2544 Wilkins Ave. St.; Yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: December 7, 1858 (Month) (Day) (Year)

7 AGE: 56 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Isiac Kohler

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary L. Kohler

(Address) 2544 Wilkins Ave.

15 Filed MAR 18 1915, 191 .....

HARRY O. ANDREWS, Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 15, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1915 to March 15 1915; that I saw h[illegible] alive on March 15, 1915 and that death occurred, on the date stated above, at 11.10 P.M.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteio Sclerosis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) [signature] M. D.

March 17, 1915 (Address) 1043 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Longon Park Cemetery

DATE OF BURIAL: March 19, 1915

20 UNDERTAKER: Geo. A Gerber

ADDRESS: Balto Wayne 88

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

FEE 1 CENT

Spec.—8-24-14—M. & T.—2000 Blks.

C83660

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83660

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Stricker st. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rosemaker Gantz

(Residence in Baltimore: No. 1152 N. Stricker st. St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 10, 1867
(Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 8 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jonas R. Rosemaker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER E. W. Summers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Gantz

(Address) Hanover Md

15- MAR 18 1915 Filed ..... 191.... HARRY O. ANDREAS, Burial Permit Clerk. Registrar.

MAR 18 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1914, to March 15 1915, that I saw h[illegible] alive on March 17 1915, and that death occurred, on the date stated above, at 1 45 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Salvosis 1 yr
Brain & Spinal Cord
Dust
(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage of Brain
(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) C. E. Gantz M. D.
March 18 1915. (Address) Hanover Co. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	3/20, 1915.
20-UNDERTAKER Wm. Cook.	ADDRESS 5878 Belle

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83661

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 45 C83661

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1763 North Gay ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frohn

(Residence in Baltimore: No. 1763 North Gay St.; 47 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1841 (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl ?

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Work

(Address) 1763 N. Gay Street

15- Filed MAR 18 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191 H, to March 17 1915, that I saw h- alive on Mch 16 191 5., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

No operation

" Incurable Exam 4

" Eastmoor

CONTRIBUTORY (Secondary) Carcinomatosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. C. Elliott M. D.

Mch 18, 1915. (Address) 1419 E. Oliver

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, 3/22, 1915.

20-UNDERTAKER Williams Cook — ADDRESS 504 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83662

CERTIFICATE OF DEATH.

170 C83662

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Rutland ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Gans

(Residence in Baltimore: No. 1618 Rutland ave St.; 45 yrs., ~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September (Month) 24 (Day) 1845 (Year)

7-AGE, 69 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mr. Ganss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bertha Ganss

(Address) 1618 Rutland Ave

15- Filed MAR 18 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10th 1915, to March 17th 1915, that I saw h[im] alive on June 17th 1915, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Probably (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ½ yrs. mos. 8 ds.

(Signed) C. P. B. Lee M. D.

March 17th, 1915. (Address) 831 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	March 20th, 1915
20-UNDERTAKER Henry Ford & Son	ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83663

CERTIFICATE OF DEATH.

91 C83663

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Edward Hawkins

(Residence in Baltimore: No. 715 E Eager St.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Employed by Alexander Brown Bros.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliza Hawkins

(Address) 715 E Eager St

15- Filed MAR 18 1915 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1915, to March 16th 1915, that I saw him alive on March 16th 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY. (Secondary) Cardiac Paralysis 10 minutes

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilmer Brinton M. D.

March 17th 191... (Address) Calvert & Preston Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, March 20, 191...

20-UNDERTAKER Henry Hoerle Sons

ADDRESS 301 E Eager St

I. B.—Every item of information should be carefully supplied. All s... CAUSE OF DEATH in plain terms, so that it may be properly ... important. See instructions on back of certificate.

C83664

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C83664

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 E. Pratt ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin H. Ford

(Residence in Baltimore: No. 2206 E. Pratt St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 25 (Day) 1852 (Year)

7-AGE: 62 yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... m'n.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Edward Ford

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Virginia Scott

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Ford

(Address) 2206 E. Pratt St.

15 MAR 18 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to, March 17 1915, that I saw him alive on March 17 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

Operation Last October

(Duration) One yrs Year mos. ds.

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed), Edgar P. Sandrock M. D.

March 18 1915 [Address] 1407 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 20 1915

20-UNDERTAKER: Wm. E. Black ADDRESS: 2124 Jefferson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83665

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83665

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1713 Harlem Ave. St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel M Crawford

(Residence in Baltimore: No. 1713 Harlem Ave St.; 27 yrs. 1 mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February (Month) 13 (Day) 1888 (Year)

7-AGE: 27 yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John W. Crawford

11-BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

12-MAIDEN NAME OF MOTHER: Ida M. Mansfield

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J W Crawford

(Address) 1713 Harlem Ave

15- MAR 18 1915 Filed ..... 191 .....

[illegible] Burial Permit Clerk,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 29, 1914, to, Mar. 16, 1915, that I saw her alive on Mar. 16 1915, and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs 11 mos ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) J E Crumpton M. D.

Mar 17 1915 [Address] 1002 W. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park, DATE OF BURIAL: Mar. 19 1915

20-UNDERTAKER: Jos P. Bloom ADDRESS: 1003 W Balto St.

Spec.—5-19-13—M. & T.—500 Blks.

C83666

HEALTH DEPARTMENT—CITY OF BALTIMORE

102 C83666

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH Oakwood ave

CITY OF BALTIMORE: (No. Welbourn Park ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henretta Gregg

(Residence in Baltimore: No. Welbourn Park Oakwood ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 31st (Day), 1853 (Year)

7-AGE, 61 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), York Co. Pa.

PARENTS.

10-NAME OF FATHER, William Gregg

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Sarah Bickenell

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Ogle Jr.

(Address) Eastwood Annex Welbourn Park

15- MAR 18 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to March 18 1915, that I saw him alive on March 17 1915, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

Heart

(Duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Acute

(Duration) yrs. mos. 5 ds.

(Signed) L. Grunewald M. D.

March 18, 1915 (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar 20, 1915

20-UNDERTAKER Joseph Cook ADDRESS 1037 W Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83667

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C83667

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 44 S. Garrison Ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice S. Chamb.

(Residence in Baltimore: No. 44 S. Garrison ave St.; ..... yrs. ..... mos. 10 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 8, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: J. Jacob. Schamb.

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co.

12-MAIDEN NAME OF MOTHER: Harietta Horn

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harietta Horn

(Address) 44 E. Garrison Ave

15. MAR 18 1915 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8. 1915. to. March 18 1915. that I saw h[illegible] alive on March 18, 1915. and that death occurred, on the date stated above. at 7 a. m. The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY): Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Asa L Wessels M. D.

March 18 1915 (Address) 2565 Fred. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: March 19th, 1915

20-UNDERTAKER: F B Stephens 2238

ADDRESS: Fred Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83668

CERTIFICATE OF DEATH.

C83668

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. Pratt St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Yoffie

(Residence in Baltimore: No. 2003 E. Pratt St St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March ....., 1861
(Month) (Day) (Year)

7-AGE. 54 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Asriel Kreiger

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Hannah Kreiger

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Yoffie

(Address) 2003 E. Pratt St

15- Filed MAR 19 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17th 1915, to Jan. 18 1915, that I saw her alive on Jan 18 1915, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema; Acute
Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Disease

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Michael J. Abrams M. D.

March 19, 1915. (Address) 1634 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herrun Rum — DATE OF BURIAL, 3/19, 1915.

20-UNDERTAKER Jack Levi — ADDRESS 1419 E Balto

N. B.—Every item of information should be carefully supplied. All the items under CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83669 108 C83669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Morris

(Residence in Baltimore: No. 585 Oxford St. St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May 31, 1886
(Month) (Day) (Year)

7-AGE, 28 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Geo. Morris

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Oxford St

15- Filed MAR 19 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1915, to Mar 17 1915, that I saw h[im] alive on Mar 17 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Appendicitis

(Duration) Several Years

CONTRIBUTORY (Secondary) Septic Pneumonia

(Duration) 1 wk 7 mos. 7 ds.

(Signed) Edward D Streett M. D.

March 19, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. 7 mos. ....ds.

Where was disease contracted if not at place of death? 585 Oxford St

Former or usual residence 585 Oxford St

19-PLACE OF BURIAL OR REMOVAL, Cloverton North Hampton Co Va — DATE OF BURIAL, 3/19, 1915.

20-UNDERTAKER Saml T Hensley — ADDRESS 57 W Biddle

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83670 — REGISTERED NO. C 83670

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. Biddle St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Harrell

(Residence in Baltimore: No. 538 N. Biddle St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH (Month) (Day) 1863 (Year)

7-AGE 52 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) North Carolina

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Ford Harrell

13-BIRTHPLACE OF MOTHER (State or country) North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgeanna Harrell

(Address) 638 N. Biddle St.

15- Filed MAR 19 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 16 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12, 1915, to March 16 1915, that I saw h. alive on March 16 1915, and that death occurred on the date stated above, at 1.20 a.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY) old-age & Stomach

(Duration) yrs. mos. ds.

(Signed) E. J. Mueller M. D.

3/19, 1915. [Address] 1220 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 3/19 1915

20-UNDERTAKER: Samuel T. Hensley ADDRESS: 57 S. Mt. Street

C83671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83671

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2031 E Biddle ST.: 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Tudor

(Residence in Baltimore: No. 2031 E Biddle St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 2nd (Day), 1874 (Year)

7-AGE, 20 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frederick Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Steiner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cat Tudor

(Address) 2031 E Biddle St

15- MAR 19 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) Elijah Russell M. D. (Coroner.)

March 17, 1915 (Address) 442 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 20, 1915

20-UNDERTAKER Hart & Turner

ADDRESS 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C83672 — CERTIFICATE OF DEATH. — 129 — C83672

1-PLACE OF DEATH: University Hosp

CITY OF BALTIMORE: (No. 8 Lombard St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Mary Hill

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

Warsaw Va.

Every item of information should be carefully supplied. All particulars should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1883 (Year)

Unknown

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Hill

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Evans C.

(Address) Warsaw Va

15- MAR 19 1915 ROBERT . KRAUTER, Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-17- 191 5, to 3-18 191 5, that I saw h e alive on 3-18- 191 5, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uterine fibroid

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) W. C. Lobstein M. D.

3-18, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Warsaw - Va

Former or usual residence Former residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, March 19, 1915

20-UNDERTAKER Chas E Lumpkin — ADDRESS 1341 Pa Ave

683673

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 683673

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Glyndon Ave - ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andy Paskeckis

(Residence in Baltimore: No. 1311 Glyndon Ave - St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 17 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Vincent Paskeckis

11-BIRTHPLACE OF FATHER (State or country): Lithuania Russia

12-MAIDEN NAME OF MOTHER: Anni Struckis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vincent Paskeckis

(Address) 1311 Glyndon ave

15- MAR 19 1915 ROBERT . KRAUTER, Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 18 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 17, 1915, to March 18 1915, that I saw her alive on March 18 1915, and that death occurred, on the date stated above, at 12 30 pm.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Fruthinger M.D.

March 18 1915 [Address] 622 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 19 1915
20-UNDERTAKER	ADDRESS
John Gallagher	500 S Broadway

C83674

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83674

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — REGISTERED No. C 91

CITY OF BALTIMORE (No. 1513 N Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank C Ying Jr

(Residence in Baltimore: No. 1513 N Dallas St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Feb 26th, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank C Ying Sr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Nicol

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Ying

(Address) 1513 N Dallas St

15 MAR 19 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin L Russell M. D. (Coroner.)

March 18th, 1915 (Address) 422 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Bachmans tent — DATE OF BURIAL, March 19 1915

20-UNDERTAKER Wm Cook — ADDRESS 5029 Worth

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-13-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83675

CERTIFICATE OF DEATH.

28 C83675

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Bell Ave. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ackerman.

(Residence in Baltimore: No. 1636 Bell Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, August (Month) 23 (Day), 1877 (Year)

7-AGE, 37 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Geo Ackerman

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Annie Crook.

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ackermann

(Address) 1636 Bell Ave

15- Filed MAR 19 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1914, to March 17th 1915, that I saw him alive on March 15th 1915, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Hayden M. D.

3/17/15 191... (Address) 1425 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill, Penn.

DATE OF BURIAL, March 20, 1915

20-UNDERTAKER Edw. D. Fanning

ADDRESS 1460 Battery Ave

N. B.—Every item of information should be carefully supplied. And in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83676

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83676

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Falkenier

(Residence in Baltimore: No. 3801 Foster Ave St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 6 (Day) 1896 (Year)

7-AGE, 18 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Carlen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rena Younger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15-

Filed MAR 19 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1915, to Mar 17 1915, that I saw h.. alive on Mar 17 1915, and that death occurred, on the date stated above, at 1700 m.

The CAUSE OF DEATH* was as follows:

Ulcerative Endocarditis (Streptococcus)

Pulmonary Embolism

a Cont (Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) General Septicaemia

a Cont. (Duration) ....yrs. ....mos. 25 ds.

(Signed) Edward H Smith M. D.

Mar 17, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 3801 Foster Ave

Former or usual residence 3801 Foster Ave

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Mar 20, 1915

20-UNDERTAKER: John Falda — ADDRESS: 1200 W Lombard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83677

CERTIFICATE OF DEATH.

151 C83677

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Mr & Mrs Nelson E. Garrison

(Residence in Baltimore: No. 1750 Hanover St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Mar (Month) 17 (Day), 1915 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 18 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nelson E Garrison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Lauderdagen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson E Garrison

(Address) 1750 Hanover St

15- Filed MAR 19 1915 ROBERT . BRAUER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1915, to Mar 18 1915, that I saw h[illegible] alive on Mar 18 1915, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Congenital debility

.....(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

.....(Duration) yrs. 1 mos. ds.

(Signed) R. L. Campbell M. D.

Mar 18, 1915. (Address) 1644 E. Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cemetery	March 19, 1915
20-UNDERTAKER	**ADDRESS**
Wm J. E. Evans & Sons	1428 E. Chase St

No. 25—CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83678

CERTIFICATE OF DEATH.

120 C83678

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Bayard St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew L. Lamb.

(Residence in Baltimore: No. 911 Bayard St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ...Apr. 26...., 1839
(Month) (Day) (Year)

7-AGE, 75 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Rosen

(Address) 911 Bayard St

15- Filed MAR 19 1915, 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 17 1915, that I saw him alive on March 17 1915, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Lloyd Dillon M. D.

March 18, 1915. (Address) 227 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Annapolis Md. DATE OF BURIAL, Mar. 20 1915.

20-UNDERTAKER Lowcock ADDRESS 502 E. North

H. C. 2—Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83679

67 C83679

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Lockwood.

(Residence in Baltimore: No. 1018 West Franklin St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7-AGE: 33 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Patrol Company.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wm H Lockwood

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susanna Schumm

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Bayly.

(Address) 2917 Parkwood

15 MAR 19 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1915, to, March 18 1915, that I saw h.im alive on March 18 1915, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Dementia Paralytica

about (Duration) 2 yrs mos. ds.

Contributory (SECONDARY) ..... (Duration) yrs. mos. ds.

(Signed), Nathaniel H Bruch M. D.

March 19 1915 [Address] Johns Hopkins Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 18 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Mar 22 1915

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83680

92 C83680

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Westwood Av St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine F. Pine

(Residence in Baltimore: No. 2924 Westwood Av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH, May 2, 1856.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 8 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Geo. F. Wastle

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Heagy

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilbert P. A. Pine.

(Address) 443 Lorraine Av

15- Filed MAR 19 1915 ROBERT . KRAUTER, Burial Permit Clerk. By..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1915, to March 18 1915, that I saw h[illegible] alive on March 18 1915, and that death occurred, on the date stated above, at 3-45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia Following
Double Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Zepp M. D.

March 19, 1915. (Address) 3650 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Mar 21, 1915.

20-UNDERTAKER Wm Cook — ADDRESS 102 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83681

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83681

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1494 Linwood Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Burke

(Residence in Baltimore: No. 1494 Linwood Ave St.; 70 yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ...March..... (Month) 14th (Day), 1845 (Year)

7-AGE, 70 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Welsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Burke

(Address) 1494 Linwood Ave

15- Filed MAR 19 1915 ROBERT . KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1915, to March 16 1915, that I saw her alive on 15 March 1915, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) .....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

(Duration) .....yrs.....mos.....ds.

(Signed) J. Thos. F. Spellacy M. D.

March 17 1915 (Address) 2112 E. Balto 20

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 20 1915

20-UNDERTAKER John A Moran — ADDRESS Bank & Annapolis

Burial Permit Clerk

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83682

CERTIFICATE OF DEATH.

151 C83682

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2228 Mura ST. 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O'Rourke

(Residence in Baltimore: No. 2228 Mura St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, Mch 16th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 1 2 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Hugh O'Rourke

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Catherine Byrd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Byrd

(Address) 2228 Mura St.

15- Filed MAR 19 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 18th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) Edgar L. Russell M. D.
(Coroner.)

Mch 19, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Adaphonsus Cem.	Mch 19th, 1915
20-UNDERTAKER Leo G. Cook	ADDRESS 1102 Patterson Pk Ave.

C83683

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83683

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Wilhelm

(Residence in Baltimore: No. 2600 Fairmount Ave St.; yrs., unknown mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb ..... 22 ....., 1863
(Month) (Day) (Year)

7-AGE, ... 52 ..... yrs. ..... 0 ..... mos. ..... 25 ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Railroadman.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Germany.

PARENTS.

10-NAME OF FATHER, Heinrich Wilhelm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Semmler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Babette Wilhelm

(Address) 2600 Fairmount Ave

15- Filed MAR 19 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 17th ....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said..... Inquiry .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Pneumonia .....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... Edward L. Fussell .....M. D.
(Coroner.)
March 17., 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Mathews Country — DATE OF BURIAL, March ..., 19..

20-UNDERTAKER Christian Miller — ADDRESS 1124 Gilmor St

Spec—6-19-13—M. & T.—500 Bks.

C83684 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C83684

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Brown

(Residence in Baltimore: No. 2225 E. Lombard St. St.: 2 yrs. 10 mos. Born ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, White | 5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~, (~~Write~~ the word.) Single

6-DATE OF BIRTH, March 19, 1915 (Month) (Day) (Year)

7-AGE, Yrs. Born mos. ds. | If LESS than 1 day, 0 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Irving W. Brown.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mamie C. Keith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Irving W. Brown M.D.

(Address)..... Maryland Hospital

15. MAR 20 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1915, to March 19, 1915, that I saw him alive on March 19, 1915, and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) 2 yrs. mos. ds.

(Signed) W. H. Howard. M. D.

March 19, 1915. (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2225 E. Lombard St. Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, March 20, 1915

20-UNDERTAKER Lilly & Zeiler | ADDRESS 402 So. Wolfe

N. B.—CAUSE OF DEATH must be stated correctly, legibly and fully. ALL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83685

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83685

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 417 Courtland St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann O'Grady

(Residence in Baltimore: No. 417 Courtland St.; 22 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 5 (Day), 1866 (Year)

7-AGE: 50 yrs. 10 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: John Callahan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Reilly

13-BIRTHPLACE OF MOTHER (State or country): Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Owen O'Grady

(Address) 417 Courtland St.

MAR 20 1915 Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 1907, to, March 16 1915, that I saw h.r alive on 16 March 1915, and that death occurred, on the date stated above, at 7.45A m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 10 yrs ..... mos ..... ds.

Contributory (SECONDARY) Acute rheumatic fever.

when a young girl

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Parr M. D.

March 17, 1915 (Address) Towson, Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Mar 21, 1915

20-UNDERTAKER: H. Fahey & Sons — ADDRESS: 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C83686

C83686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St. Vincents Infant Asy. St.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Prague

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs. 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 8th, 1910. (Month) (Day) (Year)

7-AGE, yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St

15- Filed MAR 20 1915, 191.. Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 18 1915, that I saw h[illegible] alive on March 18 1915, and that death occurred, on the date stated above, at 11.00 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and Malassimilation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas M. Cole M. D.

March 19, 1915. (Address) 825 N. Duke [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 6 ds. In the State yrs. 4 mos. 10 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 21, 1915

20-UNDERTAKER M. Fahey & Sons — ADDRESS 605 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Buck 20 E Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83687

CERTIFICATE OF DEATH.

30 C83687

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 E. Monument St.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Leffler

(Residence in Baltimore: No. 1539 E. Monument St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 19 (Day), 1875 (Year)

7-AGE, 39 yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Leffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence J. Leffler

(Address) 1539 E. Monument

15- Filed MAR 20 1915 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5th 1915, to March 18 1915, that I saw him alive on March 17 1915, and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Harvey S. Rice M. D.

March 20, 1915. (Address) 20 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4/31/15

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, [redacted] 191[redacted]

20-UNDERTAKER William Cook

[redacted]

N. B.—Every item of information should be carefully supplied. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 74 C83688

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 651 W Fayette ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bruce R Gotee

(Residence in Baltimore: No. 651 W. Fayette St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 8, 1867
(Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Oliver P. Gotee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Suzie A. Woodland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan V. Gotee

(Address) 113 W 27th St

15- Filed MAR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an .....Inquest..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Organic heart disease
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Chr. nephritis
(Duration) ...yrs. 1 mos. ...ds.

(Signed) ..... M. D.
(Coroner.)

March 19 15, 1915. (Address) 113 W. Franklin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem'y | DATE OF BURIAL, Mch. 20, 1915

20-UNDERTAKER W Leant Jones | ADDRESS 833 Linden Ave

C83689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C83689
REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 659 Josephine ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella M Johnson

(Residence in Baltimore: No. 659 Josephine St.; yrs., mos.... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Dec 17, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 1 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edw. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clara Murray

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Johnson

(Address) 659 Josephine St

15- Filed MAR 20 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Heffer M. D.
(Coroner.)

March 19 15 (Address) 1132 E Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct — DATE OF BURIAL, March 20, 1915

20-UNDERTAKER J. L. Brown and Son — ADDRESS 108 N. Monto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83690

CERTIFICATE OF DEATH.

42 C83690

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Collington Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Anthony Kuth

(Residence in Baltimore: No. 1030 N. Collington Ave. St.; ....yrs.....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 20 (Day) 1915 (Year)

7-AGE, ...yrs. 2 mos. .....ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kuth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Brandner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kuth

(Address) 1030 N. Collington Ave.

15- Filed MAR 20 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1915, to March 18th 1915 that I saw h im alive on March 18th 1915 and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

.....

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Otto V. Klingwald M. D.

3/19...., 1915. (Address) 1503 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Alphonsus	March 20th 1915
20-UNDERTAKER	ADDRESS
Geo. J. Kuth.	1735 Harford Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83691 C83691

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Robb ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharina Eck.

(Residence in Baltimore: No. 2007 Robb St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Aug. 24, 1843 (Month) (Day) (Year)

7-AGE, 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry Engel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Spames

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Eck

(Address) 2007 Robb st

15- MAR 20 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to March 17 1915, that I saw her alive on March 17 1915, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Int. Cerebral Phthisis

about

(Duration) 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 7 mos. ds.

(Signed) Ed Pleau M. D.

3/19, 1915. (Address) 1905 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem'y	Mar. 20, 1915.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83692

CERTIFICATE OF DEATH.

5 19 C83692

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Lovering House. ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. Conley.

(Residence in Baltimore: No. Lovering House St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September (Month) 8 (Day), 1857 (Year)

7-AGE, 60 yrs. 6 mos. 11 ds. If LESS than 1 day, hrs. or mlu.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telegraph
(b) General nature of industry, business, or establishment in which employed (or employer): Operator.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, James Conley.

11-BIRTHPLACE OF FATHER (State or Country), City.

12-MAIDEN NAME OF MOTHER Louisa C. Baumgarten.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgianna Kalbaugh

(Address) 1338 W. Lafayette Ave

15- MAR 20 1915 Filed 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia - nephritis

(Duration) yrs. mos. ds.

(Signed) Chas. H. C. Baumgarten (Coroner.) M. D.

March 19, 1915. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Mar 22, 1915

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

C83693

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83693

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 926 Druid Hill Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Alexander Johnson

(Residence in Baltimore: No. 926 Druid Hill Ave St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1870 (Year)

7-AGE: 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Calvert Co Md.

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Johnson

(Address) 926 Druid Hill Ave

MAR 20 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 17, 1915, to, March 18 1915, that I saw h— alive on March 17 1915, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) ..... yrs Unknown mos. ..... ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ..... yrs ..... mos. 3 ds.

(Signed) E. Norwood M. D.

March 19 1915 [Address] 939 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: March 20, 1915

20-UNDERTAKER: John H Owens — ADDRESS: 1222 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83694

CERTIFICATE OF DEATH.

V 184 C83694

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sadie Raoul

(Residence in Baltimore: No. 125 S. Chapel St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female.	White	Married

6-DATE OF BIRTH, Dec. (Month) 20 (Day), 1894 (Year)

7-AGE.	If LESS than 1 day,
20 yrs. 3 mos. 0 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick Fink.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Kleckler

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosp't Records.

(Address).....

15- MAR 20 1915 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis infection following self-inflicted abortion on abt 15 wks gestation

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Puerperal Peritonitis

(Duration) ....yrs. ....mos. 3-4 ds.

(Signed) Hugo Pfannenstiel M. D. (Coroner.)

March 19, 1915 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, March 23 1915.

20-UNDERTAKER Jos. J. Herr 1914

ADDRESS E. Fayette

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83695 — 81 C83695

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 10 S. Chester St.; ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Davis Sr.

(Residence in Baltimore: No. 10 S. Chester St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March 10, 1824 (Month) (Day) (Year)

7-AGE: 91 yrs. — mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Mass

PARENTS

10-NAME OF FATHER: Chas. Davis

11-BIRTHPLACE OF FATHER (State or country): Mass

12-MAIDEN NAME OF MOTHER: Sarah Moore

13-BIRTHPLACE OF MOTHER (State or country): Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry C. Davis

(Address) 10 S. Chester St

15 MAR 20 1915 ROBERT . KRAUTER, Registrar

Filed ....., 191 ..... Burial Permit ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 14, 1915 to March 18, 1915, that I saw h.... alive on March 17, 1915, and that death occurred, on the date stated above, at 8½ A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs ..... mos. ..... ds.

Contributory (SECONDARY): Cardiac Asthma

(Duration) ..... yrs ..... mos. 2 ds.

(Signed) Edward J. Cook M. D.

3/19, 1915 [Address] 413 N Wolfe St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: March 21, 1915

20-UNDERTAKER: Wm. E. Black — ADDRESS: 212 Jefferson St

C83696

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 C83696

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1133 Woodley ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Sandrick

(Residence in Baltimore: No. 1133 Woodley St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: May 2. (Month) (Day), 1905 (Year)

7-AGE: 9 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child at school.
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Ind

PARENTS

10-NAME OF FATHER: Harry O Sandrick

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Imay Strong

13-BIRTHPLACE OF MOTHER (State or country): Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry O. Sandrick

(Address) 1133 Woodley st

Filed MAR 20 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1915, to, Mar 19 1915, that I saw h-m alive on Mar 19 1915, and that death occurred, on the date stated above, at 850 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 20 ds.

Contributory (SECONDARY) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) W P Daly M. D.

Mar 17 1915 [Address] 1953 Edmonds Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: Manchester Bur Co Md — DATE OF BURIAL: March 21 1915

20-UNDERTAKER: J W Cook — ADDRESS: 502 E Walbert Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83697

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83697

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Judd

(Residence in Baltimore: No. Madison Ave & Wilson St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 19, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), md.

PARENTS.

10-NAME OF FATHER, Dr. Chas. Judd

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lillian Rife

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- MAR 20 1915 ROBERT . KAAUTEN,
Filed....., By....Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1915, to Mar 20 1915, that I saw her alive on Mar 20 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Premature

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. E. Bowen M. D.

Mar. 20, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Madison Ave & Wilson St.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Mar. 21, 1915.

20-UNDERTAKER ADDRESS 1701 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83698

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 C83698

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3133 Leeds ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Johnson

(Residence in Baltimore: No. 3133 Leeds St. 2 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH Nov. 5, 1911 (Month) 3 (Day) 4 13 (Year) 1

7-AGE 3 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER William Johnson

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Mabel Johnson

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Johnson

(Address) 3133 Leeds St

15- Filed MAR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1915, to March 15 1915, that I saw him alive on March 15, 1915, and that death occurred on the date stated above, at 2:40 m. The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Croup

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wallace Hill M. D.

March 20, 1915. (Address) 409 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Odd Fellows Cem	Mch 20, 1915
20-UNDERTAKER Wm. H. Cleveland	ADDRESS 400 Mosher

Spec—5-[illegible]-13—M. & T.—500 Blks.

C83699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83699

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Vine St ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Chapman Carroll

(Residence in Baltimore: No. 758 Vine St St.; — yrs. 9 mos. — ds.)

Mother of Lt. Purnell Chapman as Mary Chapman (alias Jones & Carroll)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	married

6-DATE OF BIRTH, July (Month) 10 (Day), 1889 (Year)

7-AGE, 25 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Winfield Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Louisa Nailor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Roland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed MAR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1914, to March 19 1915, that I saw h[illegible] alive on March 12 1915, and that death occurred, on the date stated above, at 1:05 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Chester Roland M. D.

March 19 1915. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 20 1915

20-UNDERTAKER Sam H. Wood Bro. — ADDRESS 1000 Mosher

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

1114

C83700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C83700

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Maurice V Dawes

(Residence in Baltimore: No. 613 S Linwood St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 25 (Month) (Day), 1883 (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Patrick Butler

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Nellie Greene

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. H. Dawes

(Address) 613 S Linwood

15- Filed MAR 20 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to March 20 1915, that I saw h.. alive on March 20 1915, and that death occurred, on the date stated above, at 6.15 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Contributory Lobar pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Max J Greenfield M. D.

March 20 1915. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State 34 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Maryland.

Former or usual residence 613 S Linwood Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Mar 22, 1915

20-UNDERTAKER Robert J Turner — ADDRESS 1442 N Broadway

N. B.—Every question should be answered. If any of the items cannot be properly classified, state the reason. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83701

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 C83701

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1827 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Leinkuhler

(Residence in Baltimore: No. 1827 E. Madison St.; 60 yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct 13th 1854 (Month) (Day) (Year)

7-AGE: 60 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Geo Weber

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): " " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno Leinkuhler

(Address) 1827 E. Madison st

15 MAR 20 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18th, 1915 (Month) (Day), (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1914, to, Mar. 18 1915, that I saw h.... alive on Mar 17 1915, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Edema
Endocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Broken Compensation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Paul Reed M. D.

March 19, 1915 [Address] 143 E. Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Mar 22" 1915

20-UNDERTAKER: Geo M. Fink

ADDRESS: 811 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83702 151 C83702

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Fait Ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Pulcher

(Residence in Baltimore: No. 2609 Fait Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 19 (Month) (Day), 1914 (Year)

7-AGE: ..... yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John F Pulcher

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Rose Karwacka

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Pulcher

(Address) 2609 Fait Ave

15- Filed MAR 20 1915 ROBERT . KRAUSER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27, 1915, to, March 19, 1915, that I saw h.. alive on March 1, 1915, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows: 9

Mal-Nutrition

(Duration) ..... yrs. 3 mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Shuer M. D.

3/19/15 1915 [Address] 408 Hatton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus Cem

DATE OF BURIAL: Mar 20, 1915

20-UNDERTAKER: Stephen Gradowski

ADDRESS: 1019 Kenwood Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83703

28 C83703

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N. Carlton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ruffin

(Residence in Baltimore: No. 240 N Carlton St.: 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) ....., 1895 (Day) (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Isaac Ruffin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Teal

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. P. Hasbrook M.D.

(Address) 117 N. Carrollton

15- Filed MAR 20 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1915, to Mch 17th 1915, that I saw him alive on Mch 17 1915 and that death occurred, on the date stated above, at 6 00 P.M. in.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. P. Hasbrook M. D.

3/18, 1915. (Address) 117 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Mar 20, 1915

20-UNDERTAKER Alfred J. Freeland

ADDRESS 114 N. Stricker St

N. B.—Each item of information must be given. If any item cannot be ascertained, a statement to that effect must be made. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83704

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83704

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 North Carey ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Brundage

(Residence in Baltimore: No. 4 North Carey St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH May 30, 1831
(Month) (Day) (Year)

7-AGE, 83 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), Unobtainable

12-MAIDEN NAME OF MOTHER Unobtainable

13-BIRTHPLACE OF MOTHER (State or Country) New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. F. Garlock

(Address) No. 4 N. Carey

15- MAR 20 1915 ROBERT P. KRAUER
Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1915, to Mar 19 1915, that I saw h.. alive on Mar 18 1915, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Unknown yrs. ....mos. ....ds.

(Signed) Harwood Rawlins M. D.

Mar 19, 1915. (Address) 202 W. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery | DATE OF BURIAL, Mar 22, 1915

20-UNDERTAKER William Cook | ADDRESS 216 E. North Ave

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83705

CERTIFICATE OF DEATH.

50 C83705

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Greenmount Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Walsh

(Residence in Baltimore: No. 1227 Greenmount Ave St.: 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE, Over 15 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Thomas Casserly

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Catherine Harry.

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jno. F. Walsh

(Address) 1227 Greenmount Ave

15- Filed MAR 20 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11th 1915, to March 18th 1915, that I saw her alive on March 17th 1915, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) ..... yrs. ..... mos. unknown ds.

CONTRIBUTORY. (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Wm F. Lockwood M. D.

Mar 19, 1915. (Address) 8 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, March 22, 191.5

20-UNDERTAKER Henry Horde Son

ADDRESS 1301 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83706 — CERTIFICATE OF DEATH. — 15 C83706

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1805 Jackson ST.; 34 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Eugene Thompson

(Residence in Baltimore: No. 1805 Jackson St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, 3 (Month) 19 (Day), 1915 (Year)

7-AGE, ...yrs. 9 mos. Postal mos. ds. — If LESS than 1 day, 1 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.
10-NAME OF FATHER, Clifton Thompson
11-BIRTHPLACE OF FATHER (State or Country), Sykesville Md
12-MAIDEN NAME OF MOTHER Ida Bowers
13-BIRTHPLACE OF MOTHER (State or Country), Manysville Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Clifton Thompson
(Address) 1805 Jackson

15- Filed MAR 20 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/19 1915, to 3/19 1915, that I saw h im alive on 3/19 1915, and that death occurred, on the date stated above, at 8.45 m.

The CAUSE OF DEATH* was as follows:

Diptheria.
(Time between onset and death) 4 hours
(Duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary) Very Large Goitre
(Duration) .....yrs. .....mos. .....ds.
(Signed) L. J. Burlington M. D.
3/19, 1915. (Address) 107 E Fort Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	March 22nd, 1915.
20-UNDERTAKER	ADDRESS
Dr. Margaret J. Flynn	1122 Light St

N. B.—CAUSE OF DEATH must be stated in plain terms. Indefinite or unsatisfactory answers will not be accepted. Each question must be answered, or certificate will be returned. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83707

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

1915 C83707

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2503 W. Lexington ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara E. Schaab

(Residence in Baltimore: No. 2503 W. Lexington St.; Life yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan. 13th, 1862 (Month) (Day) (Year)

7-AGE: 53 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Peter C. Goebel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Meeks

(Address) 240 W. Baltimore

15. Filed MAR 20 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March. 19th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7th, 1915, to, March 19th 1915, that I saw h[er] alive on March 19th, 1915, and that death occurred, on the date stated above, at 6P m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Anaemia

(Duration) yrs. 1 mos. ds.

(Signed), John L. Wolf M. D.

March 19th, 191 5 (Address) 15 W. Mount Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westview Cemetery

DATE OF BURIAL: March 21, 1915

20-UNDERTAKER: J. B. Hepbrun

ADDRESS: 2238 Eutaw Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C83708

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83708

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 W.Baltimore St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Littauer,

(Residence in Baltimore: No. 1521 W.Balto.St., St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower,

6-DATE OF BIRTH, Sept. (Month) 28th; (Day) 1828. (Year)

7-AGE, 86 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)..... X

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... B.L.Littauer,

(Address)..... 1521 W.Balto. St.,

15- Filed MAR 20 1915, 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 19th; (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-17 1914, to 3-19 1915, that I saw h[illegible] alive on 3-17 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Senile Paresis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) Arthur H. Barnett M. D.

3-19, 1915. (Address) 1621 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew, DATE OF BURIAL, Mch. 21st, 191..5

20-UNDERTAKER David Goodman ADDRESS 119 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83709

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83709

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY 8 BALTIMORE: (No. 1318 Small ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Curtis

(Residence in Baltimore: No. 1318 Small St.; 1 yrs. 1 mos. 16 ds.)

white life

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: January 16, 1911 (Month) (Day) (Year)

7-AGE: 4 yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Henry Johnson

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Annie Kirby

13-BIRTHPLACE OF MOTHER (State or country): West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph L. Curtis

(Address) 1318 Small St.

MAR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 19, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1915, to, Mar. 19 1915, that I saw her alive on Mar 19 1915, and that death occurred, on the date stated above, at 7-30 P. m.

The CAUSE OF DEATH* was as follows:

Double bronch-pneumonia

(Duration) — yrs — mos. 8 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chas. L. McCarthy M. D.

Mar. 20 - 1915. [Address] 9062 N. Stricker

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 21 1915

20-UNDERTAKER: Sam'l W. Chase & Son — ADDRESS: 1400 Mosher St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83710

1-PLACE OF DEATH

REGISTERED No. C83710

CITY OF BALTIMORE: (No. 2227 E. Pratt St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eloick Berman

(Residence in Baltimore: No. 2227 E. Pratt St.; 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH ..... (Month) ..... (Day) 1840 (Year)

7-AGE 75 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) (Jeweler) X

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Abraham Berman

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac Berman

(Address) 2227 E. Pratt st

Filed MAR 21 1915 191

ROBERT , KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 20th 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18th, 1915, to, March 20th 1915, that I saw him alive on ..... 1915, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) yrs mos. 2 ds.

Contributory (SECONDARY) Apoplexy

(Duration) yrs mos. 1 ds.

(Signed) Jacob L. Wasman M. D.

3-21, 1915. [Address] 30 S. B'way

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Rem	Mar. 21, 1915
20-UNDERTAKER	ADDRESS
L. Levinson & Bro	1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83711 C83711

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2211 E Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Siefert

(Residence in Baltimore: No. 2211 E Preston St.; 71 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Widow

6-DATE OF BIRTH, Nov 1, 1830
(Month) (Day) (Year)

7-AGE, 84 yrs. ~~3~~ mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Michael Hussman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. P. Brack

(Address) 2211 E. Preston

15- MAR 21 1915 ROBERT . KRAUTER,
Filed..... 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5th 1914, to March 19th 1915, that I saw her alive on March 19th 1915, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Hemiplegia Cerebralis Arteriosclerosis
3. .....

(Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Willard E. Simpson M. D.

3/20, 1915. (Address) 1503 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem

DATE OF BURIAL, March 22 1915

20-UNDERTAKER J Herwig & Co

ADDRESS 2008 Orleans

N. B.—CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83712 HEALTH DEPARTMENT—CITY OF BALTIMORE C83712

CERTIFICATE OF DEATH. 156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 613 N Decker ave ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Selin

(Residence in Baltimore: No. Eastern Ave & 5th St St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 11, 1885. (Month) (Day) (Year)

7-AGE, 29 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Selin

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER, Francis Josephine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine White

(Address) 613 N. Decker Ave

15- Filed MAR 21 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) (Secondary) Illuminating Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar L. Kenney M. D. (Coroner.)

March 20, 1915. (Address) 425 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem — DATE OF BURIAL, Mar 21, 1915.

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Alliance

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 083713

083713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Washington St.; V WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha Kraus

(Residence in Baltimore: No. 604 S. Washington St.; 35 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct 14th, 1821.
(Month) (Day) (Year)

7-AGE, 93 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Schweberlein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Leonard

(Address) 604 S. Washington St.

15- MAR 21 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18th 1915, to March 18th 1915, that I saw h[illegible] alive on March 18th 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 18th, 1915. (Address) 1510 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, March 21st, 1915.

UNDERTAKER A. Sander Sons ADDRESS 1710 Read St

C83714

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83714

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 516 S. Robinson St. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Marie Lackey

(Residence in Baltimore: No. 516 S. Robinson St.; yrs. 2 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: January (Month) 1st (Day), 1915 (Year)

7-AGE: ..... yrs. 2 mos. 19 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Baltimore County

PARENTS

10-NAME OF FATHER: James Lackey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary E. Giese

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Lackey

(Address) 516 S Robinson St

15- Filed MAR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1915, to March 20 1915, that I saw her alive on March 19, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration:) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), David D. Jones M. D.

March 20, 1915 (Address) 3116 Donnell Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	March 22nd, 1915
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Pratt St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83715

CERTIFICATE OF DEATH.

64 C83715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Henry Hambleton

(Residence in Baltimore: No. 912 N. Charles St.; ....yrs., ...mos. ....ds)

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 28, 1835 (Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... X

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, J. Edw. Hambleton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Ann Slingluff

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank H. Hambleton

(Address) 502 E. Calvert St.

15- Filed MAR 21 1915, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25th 1914, to Mar. 19th 1915, that I saw h[illegible] alive on Mar. 16th 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. 2/ mos. ....ds.

CONTRIBUTORY (Secondary) Traumatic Coma about 5

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm F. Lockwood M. D.

Mar 21st 1915. (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	March 24 1915
20-UNDERTAKER	ADDRESS
Emory W. Perkins & Sons Co	1211 Eutaw Place

C83716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 C83716

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 234 N. High ST.: 5th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Gondola

(Residence in Baltimore: No. 234 N. High St.: yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. (Month) 13, (Day) 1914 (Year)

7-AGE, ... yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Giovanni Gondola

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Fatadi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giovani Gondola

(Address) 234 N High St

15-MAR 21 1915. ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

..... (Duration) ..... yrs. ..... mos. 1 hour

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

March 20, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem	March 21 19.15
20-UNDERTAKER Tully & Jeiler.	ADDRESS 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83717

HEALTH DEPARTMENT—CITY OF BALTIMORE

135

CERTIFICATE OF DEATH.

C83717

REGISTERED No. C.....

1-PLACE OF DEATH ~~Toronto Canada~~ Women's Hospital

CITY OF BALTIMORE: (No. 1818 N. Charles ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret T. Havard

(Residence in Baltimore: No. 1818 N. Charles St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. ~~March 20~~ May 1 ....., ~~1915~~ 1879
(Month) (Day) (Year)

7-AGE. 35 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Toronto Canada

PARENTS.

10-NAME OF FATHER, David Scott

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Loretta (Not Known)

13-BIRTHPLACE OF MOTHER (State or Country), Brooklyn- Ont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roman E Havard

(Address) 1818 N. Charles St

15- Filed MAR 21 1915, 19.. ROBERT . BRACKEN, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 20 1915, that I saw h.. alive on above date 191 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Hemorrhage —
Placenta Praevia.
.....
..... (Duration) ..yrs. ..mos. 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock
..... (Duration) ..yrs. ..mos. 1 ds.

(Signed) W. H. Morris M. D.

March 20, 1915. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. | In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1818 N. Charles St

19-PLACE OF BURIAL OR REMOVAL, Toronto Canada — DATE OF BURIAL, March 21., 1915.

20-UNDERTAKER W. J. Jackson — ADDRESS 410 North Pen

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83718

CERTIFICATE OF DEATH.

151

C83718

1-PLACE OF DEATH Womens Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Lafayette Ave & John St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harand.

(Residence in Baltimore: No. Womens Hospital St.; ...yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single

6-DATE OF BIRTH, March 20, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs...mos...ds.	...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Thos. E. Harand.

11-BIRTHPLACE OF FATHER (State or Country), Toronto. Canada.

12-MAIDEN NAME OF MOTHER Margaret T. Scott.

13-BIRTHPLACE OF MOTHER (State or Country), Toronto. Canada.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. E. Harand. per W.H.M.

(Address) 1818 N. Charles St.

15- MAR 21 1915 ROBERT J. BRAUTIGAM,
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 20 1915, that I saw him alive on March 20 191, and that death occurred, on the date stated above, at 8.35 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ...yrs...mos...ds.

(Signed) W. H. Monroe M. D.

March 24, 1915. (Address) Womens Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Toronto Canada	Mar 24., 1915.
20-UNDERTAKER	ADDRESS
W. J. Jackson & Son	North Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83719

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp St.: 7 Ward)

REGISTERED No. C 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Sonnenberg

(Residence in Baltimore: No. Non Resident St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 19th (Day), 1889 (Year)

7-AGE, 25 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D-C

PARENTS.

10-NAME OF FATHER, Theodore Sonnenberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Martha Blumenberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore Sonnenberg

(Address) Hyattsville Md

15- MAR 21 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elgan L Russell M. D. (Coroner.)

Mch. 20., 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Hyattsville Md	Mch 24, 1915
20-UNDERTAKER	ADDRESS
W. J. Tarleton Son	Penn North

C83720

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83720

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 9 Foot of Woodall St ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Woodall

(Residence in Baltimore: No. University Parkway St.) 71 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 7 (Day), 1842 (Year)

7-AGE, 72 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Woodall

(Address) 517 Lancaster Parkway

15- Filed MAR 21 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

March 19 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, March 21 1915

20-UNDERTAKER [illegible] — ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~8~~ 083721

CERTIFICATE OF DEATH.

×9083721

REGISTERED NO. C

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard C. Stern

(Residence in Baltimore: No. 5317 Newman Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. May 30, 1898
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
36 yrs. 11 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. M. H. Stern

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Annie Shuttle

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert S. Stern

(Address) Parkton Md.

15-MAR 21 1915 ROBERT . KRAUTER
Filed ..... 191.....
Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 — 20 —, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-14-, 1915, to 5-20- 1915, that I saw h.. alive on 5-20- 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Otto Rosenbach M. D.

5-20-1915 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ? ds. In the State 26 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 5317 Newman Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mechanicsville Md.	Mch. 21., 1915.
20-UNDERTAKER Joseph B. Cook	ADDRESS 1013 N. Gallo Street

R. S.—CAUSE OF DEATH must be carefully answered. Indefinite or local terms of CAUSE OF DEATH cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83722

1-PLACE OF DEATH

17 C83722

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1776 N. Lanvale St.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kate Allen

(Residence in Baltimore: No. 1776 N. Lanvale St.; 35 yrs. 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Jan 1, 1880 (Month) (Day) (Year)

7-AGE 35 yrs. 7 mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Wm. B. Allen

11-BIRTHPLACE OF FATHER (State or country) Richmond Va

12-MAIDEN NAME OF MOTHER Lusa V. Barton

13-BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Hilda S. Allen

(Address) 1776 N. Lanvale St

MAR 21 1915 Filed 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Mar 19 1915, that I saw h alive on Mar 19, 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... M. D.

Mar 21, 1915. (Address) 103 E. Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Mar 22, 1915

20-UNDERTAKER: Joseph Block | ADDRESS: 103 N. Balto

C83723

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83723

1-PLACE OF DEATH

REGISTERED No. C 15 13

CITY OF BALTIMORE (No. 1506 Clipper Road ST. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Michaels.

(Residence in Baltimore: No. 1506 Clipper Rd St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: fem

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 19, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day 12 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Andrew Michaels

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eva Brown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H S Michael

(Address) 1506 Clipper Road

15. Filed MAR 21 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/19, 1915, to 3/20 1915,
that I saw her alive on 3/20, 1915,
and that death occurred, on the date stated above, at 5 p m.
The CAUSE OF DEATH* was as follows:

Transition 12 hrs-

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. C. Haney M. D.

3/20, 1915 (Address) 3512 Chestnut

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: March 21 1915

20-UNDERTAKER: Chenoweth Son

ADDRESS: Chestnut Ave

C83724

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C83724

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1506 Clipper Rd ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Pearl Michaels

(Residence in Baltimore: No. 1506 Clipper Rd. St.: ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6 DATE OF BIRTH: Mar. 19, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 1 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Andrew Michaels

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Em Browns

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H S Michael

(Address) 1506 Clipper Road

15 Filed MAR 21 1915, 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 19, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/19, 1915, to 3/19 1915, that I saw h[illegible] alive on 3/19, 191[illegible], and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Insanition

one hour

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R C Hurst M. D.

3/19, 191[illegible] (Address) 1577 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: March 21

20 UNDERTAKER: Chenowith Son

ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83725 — 1916 C83725

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Engel

(Residence in Baltimore: No. Stone House Court, Curtis Bay, Md. Ab. 45 yrs. 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Aug (Day) 10, (Year) 1869

7-AGE, 45 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. Engel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mercy Hosp.

(Address) Edwood Md.

15 MAR 21 1915 Filed MAR 21 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Mar (Day) 18, (Year) 1915

17 I HEREBY CERTIFY, That I attended deceased from Mar 13 1915, to Mar 18 1915, that I saw h[illegible] alive on Mar 18 1915 and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Both Lungs

Edwood Md

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) 0 yrs. ....mos. ....ds.

(Signed) Edwood Smith M. D.

Mar 19, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Curtis Bay Md

Former or usual residence Curtis Bay Md

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 21, 1915.

20-UNDERTAKER P. M. A. Flynn — ADDRESS 1062 Light St.

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83726

CERTIFICATE OF DEATH.

84 C83726

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 58 Heath St. E. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delores Hoffman

(Residence in Baltimore: No. 58 Heath St. St.: yrs., 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 3, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George H. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Martha Benton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hoffman

(Address) 58 Heath St

15- MAR 21 1915 Filed....., 191.... ROBERT . BRADEN, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...an Inquest... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...an Inquest... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....Bronchial Asthma

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. E. Crumpton M. D.
(Coroner.)

March 20, 1915. (Address) 817 Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	March 21 1915
20-UNDERTAKER H. F. W. Sehm	ADDRESS 1402 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

083727

89 083727

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 723 Forest St ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Conway.

(Residence in Baltimore: No. 723 Forest St. aft 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Mar 16, 183[illegible] (Month) (Day) (Year)

7-AGE: 80 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: John Conway

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Eliz. McCawy

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Conway

(Address) 723 Forest St

15-MAR 21 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13th, 1915, to March 18, 1915, that I saw her alive on March 18th, 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward McDevitt M. D.

March 18, 1915 (Address) 208 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral. DATE OF BURIAL: Mar 22, 1915

20-UNDERTAKER: John G Moran ADDRESS: Bank & Amity St.

N. B.—Every item of information should be entered. If any item may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may is very important. See instructions on back of certificate.

FILM

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83728 — 1 PLACE OF DEATH

9 C83728 — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1417 Fremont Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gordon

(Residence in Baltimore: No. 1417 Fremont Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Child

6-DATE OF BIRTH: May (Month) 3 (Day), 1910 (Year)

7-AGE: 4 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: Benjamin Gordon

11-BIRTHPLACE OF FATHER (State or country): Westmoreland Co Va

12-MAIDEN NAME OF MOTHER: Hanna Chambers

13-BIRTHPLACE OF MOTHER (State or country): Middlesex Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Gordon

(Address) 1417 N Fremont ave

15- FILED MAR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19, 1915, to, Mar 20 1915, that I saw h.... alive on Mar 20 1915, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ....yrs ....mos. 2 ds.

Contributory (SECONDARY)

(Duration) ....yrs ....mos. ....ds.

(Signed), E. Williams M. D.

Mar 20, 1915 [Address] 1938 Pennsylvania Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mont auburn cem	March 21, 1915
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid Hill Ave

1 P.M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. FETTY

Spec.—5-19-13—M. & T.—500 Bks.

C83729

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83729

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sachs

(Residence in Baltimore: No. John. Hopkins Hospital St.; yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 6, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 15 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (
(b) General nature of industry, business, or establishment in which employed (or employer) (

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Sachs

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Savair

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harris Levin

(Address) 914 E. Pratt St.

15- MAR 21 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1915, to Mar. 21, 1915, that I saw him alive on Mar. 21, 1915, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. D. Glass M. D.

Mar. 21, 1915. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. 15 ds.

Where was disease contracted, if not at place of death? (

Former or usual residence (

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, March 21, 1915

20-UNDERTAKER — ADDRESS 1178 W. Fremont Ave, Baltimore

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83730

CERTIFICATE OF DEATH.

138 C83730

1-PLACE OF DEATH Maryland General Hosp

REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Huggins

(Residence in Baltimore: No. 1328 Penna Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Franey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R Huggins

(Address) 1328 Penna Ave

15- Filed MAR 21 1915 ROBERT J. KRAUTER, for Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 20 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) yrs. mos. 20 hrs. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas. Spears M. D.

Mar. 20, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 20 hrs. dy.

Where was disease contracted, if not at place of death?

Former or usual residence 1328 Penna ave.

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar 22 1915

20-UNDERTAKER A Franey & Sons — ADDRESS 606 Lafayette Ave

N.B.—ENUMERATORS should write the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83731 — 1915 — C83731

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N. Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. King

(Residence in Baltimore: No. 1519 N. Stricker St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: August 23, 1859 (Month) (Day) (Year)

7-AGE: 55 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John O'Brien

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Briggell

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Oliver Kirk

(Address): 1519 N Stricker St

15 MAR 21 1915 Filed ....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 19th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 6 1915, to Mch 19th 1915, that I saw her alive on Mch 19th 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uraemia

(Duration) yrs. 3 mos. ds.

(Signed) O. N. Duvall M. D.

3/19, 1915. (Address) 817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: Mar. 21, 1915

20-UNDERTAKER: M Fahey & Sons — ADDRESS: 601 Lafayette Ave

N. B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83732

CERTIFICATE OF DEATH.

8 1

C83732

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 N. Washington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Jamrich

(Residence in Baltimore: No. 1409 N. Washington St., St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Last Known (Month), (Day) 1843 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER August Jamrick

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Charlotte Perperkorn

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrick Jamrick

(Address) 2651 Harford ave

15- Filed MAR 21 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1915, to March 9 1915, that I saw h[er] alive on March 17 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uterine Fibroma

(Duration) — yrs. — mos. — ds.

(Signed) Wm. S. Gray M. D.

March 19, 1915. (Address) 1409 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL. March 22 1915

20-UNDERTAKER George J Ruth

ADDRESS 1735 Harford ave.

N. B.—Every item of information should be carefully supplied. Particularly CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83733

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 Winter St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Dixon

(Residence in Baltimore: No. 113 Winter St St.)

31 yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... Sept (Month) ..... 9 (Day), 1883 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. 6 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Dixon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Maud Dixon .....

(Address)..... 113 Winter St .....

Filed MAR 22 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 19 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Phthisis Pulmonary .....

.....

..... (Duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary) ..... Hemorrhage .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... E. Edwin Sanmann (Coroner.) M. D.

March 19, 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel T	March 22, 19....
20-UNDERTAKER	ADDRESS
A. L. Bowman & Son	1818 Monta

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C83734

MAR 22 1915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C83734

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Raborg ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph W. Smith

(Residence in Baltimore—No. 767 Raborg St.; ....yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Nov. — (Month), ... (Day), 1895 (Year)

7-AGE	If LESS than 1 day,
20 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md -

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Notgiven

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant:) Joseph Smith

(Address) 767 Raborg St

15- Filed MAR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month), ... (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1915, to Mar 20 1915, that I saw him alive on Mar 20 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 2 0 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 2 ds.

(Signed) Edward Short M. D.

Mar 21, 1915. (Address) 1612 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Auburn	March 23 1915
20-UNDERTAKER John H Toadvine	ADDRESS 142 W Fred St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83735

CERTIFICATE OF DEATH.

64 C83735

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 1/2 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Bailey

Residence in Baltimore: No. 730 1/2 W. Franklin St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1850 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Pinkett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Bennet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) al Reed

(Address) 730 1/2 W. Franklin

15- MAR 22 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1914, to March 19 1915; that I saw h[er] alive on March 18 1915; and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hem

(Duration) .....yrs. 6 mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. 6 mos. 19 ds.

(Signed) C. N. Thorburn M. D.

March 20 1915 (Address) C. N. Thorburn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mch 22 1915
20-UNDERTAKER	ADDRESS
John H Trodin	142 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83736

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C83736

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Eastern Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Finn

(Residence in Baltimore: No. 742 Eastern Ave St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Mar. (Month) 21st (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. — ds.	3 hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Morris Finn

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Adaline Roberts

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Finn

(Address) 742 Eastern Ave

15- Filed MAR 22 1915, 191... HARRY O. ARCHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 21st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1915, to Mar 21 1915, that I saw h er alive on Mar 21 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) — yrs. — mos. 3 hrs. ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) J. Rosenlin M. D.

Mar 22, 1915. (Address) 6 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Mar. 22, 191..
20-UNDERTAKER Rudell Liffpel & Son	ADDRESS 330 S Bond

N.B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83737 C83737

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Fleet St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Fisher

(Residence in Baltimore: No. 1812 Fleet St St.; —yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan. (Month) 31st (Day), 1837 (Year)

7-AGE.	If LESS than 1 day,
78 yrs. 1 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Raab

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna K Schlenbert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles G. Zeiler

(Address) 700 E. 2nd St.

15- MAR 22 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 21 1915, that I saw her alive on March 21 1915, and that death occurred, on the date stated above, at 6 15 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Acute Bronchitis.....

..... (Duration).....yrs....1...mos.....ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

..... (Duration).....yrs.....mos. 2 ...ds.

(Signed).....A. L. Lennartz M. D.

March 22, 1915. (Address)...722 S. Ann St...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	March 23 1915.
20-UNDERTAKER Tilly & Zeiler	ADDRESS 403 E. N. Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C83738

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83738

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gregory Hoschuk

(Residence in Baltimore: No. 1009 Patapsco St St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 17 (Day), 1915 (Year)

7-AGE, ... yrs. 1 mos. 4 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Hoschuk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva Peshkin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAR 22 1915 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 21 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 20 1915, to Mar 21 1915, that I saw h[illegible] alive on Mar 21 1915 and that death occurred, on the date stated above, at 12:25 m.

The CAUSE OF DEATH* was as follows:

Strangulated Argument

De Area

about

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward A. Smith M. D.

Mar 21, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1009 Patapsco St

Former or usual residence 1009 Patapsco St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	Mar 23, 1915
20-UNDERTAKER Armstrong Dempsey Co	ADDRESS 713 Light St

Spec.—3-24-14—M. & T.—2000 Bks.

083739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 083739

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Israel Thompson

(Residence in Baltimore: No. 755 N. Mulberry St. St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Jan 1 (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 7 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. R. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Pearl Ruff

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Acad. of Mercy Hospital

(Address) Calvert & St.

15-

Filed MAR 22 1915 HARRY O. [illegible], Dpt. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 21 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1915, to Mar 21 1915, that I saw h[illegible] alive on Mar. 21 1915, and that death occurred, on the date stated above, at 4.50 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

..... (Duration) yrs. 7 mos. 21 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Mar 21, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 755 Mulberry St.

Former or usual residence 755 Mulberry St. Here

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Mar 23d 1915

20-UNDERTAKER Robt. A. Elliott.

ADDRESS 516 Rogers Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83740

40 C83740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Courtland ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Suey Holiver

(Residence in Baltimore: No. 414 Courtland St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Mayland

PARENTS.

10-NAME OF FATHER, Henry Jenifer

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Hennie Saunders

13-BIRTHPLACE OF MOTHER (State or Country), Mayland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by Minnie Holiver

(Address) 1414 Courtland st

15- Filed MAR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18th 1915, to March 19th 1915, that I saw h.. alive on March 19th 1915, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

1. Arsenoma of Stomach
2. Exhaustion
3. Pneumonia (Duration) ... yrs. ... mos. 3 ds.
4. Exhaustion

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. Fracture ds.

(Signed) A. Wilson M. D.

March 19th 1915. (Address) 60 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Washington D. C. DATE OF BURIAL, Mar. 22., 1915.

20-UNDERTAKER Walter A. Elliott ADDRESS 506 Roger Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C83741

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 729 Forest ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Talbott.

(Residence in Baltimore: No. 729 Forest St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male.	Colored	Married

6-DATE OF BIRTH, ... Unknown ....., 18..... (Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Martha Talbott (wife.) .....

(Address) ..... 729 Forest St .....

MAR 22 1915 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 19..., 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... H. O. Blanchers ..... M. D. (Coroner.)

March 20, 191.5 (Address) 10 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Mar. 22, 19.15
20-UNDERTAKER	ADDRESS
Robert A. Elliott.	506 Rogers Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C83742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83742

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 W. Lanvale ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Annie Tottle Carter

(Residence in Baltimore: No. 1318 W. Lanvale St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October (Month) 30 (Day), 1837 (Year)

7-AGE, 77 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James Tottle

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Elizabeth Cape

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Tottle

(Address) 122 Hanover St.

15- MAR 22 1915 HARRY O. ANDREWS Filed....., 1915 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to Mch 20 1915, that I saw h[illegible] alive on Mch 20 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis & Age

(Duration) —yrs. —mos. —ds.

(Signed) W. H. Barnes and Lead M. D.

Mch 21, 1915. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, March, 1915

20-UNDERTAKER Stewart & Mowen Co

ADDRESS 108 N. North Ave

Spec.—5-19-13—M. & T.—500 Blks.

C83743

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83743

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Aisquith ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Davis

(Residence in Baltimore: No. 1922 Aisquith St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every question must be answered. Information required by Ordinance must be given, so far as it can be obtained. If any part of the information required is unknown, the fact must be stated.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 18[illegible]0
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not given

11-BIRTHPLACE OF FATHER (State or Country), Not given

12-MAIDEN NAME OF MOTHER Not given

13-BIRTHPLACE OF MOTHER (State or Country), Not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvey Eliot

(Address) 1904 Aisquith

15- MAR 22 1915 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 16 1915, to Mar 19 1915, that I saw h[illegible]r alive on Mar 19 1915, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Edward Short M. D.

Mar 19, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. ... mos. .. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar 22, 191..

20-UNDERTAKER James H. Dennis — ADDRESS [illegible]

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83744 — CERTIFICATE OF DEATH. — 151 — C83744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Presstman St.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Brinard Day Neal

(Residence in Baltimore: No. 556 Presstman St.; yrs., mos. ds.)

B

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, March 20, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day. 16 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Neal

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Ligray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Emmanuel

(Address) Union Hospital

15- Filed MAR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 21 1915, that I saw him alive on March 20 1915, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Premature delivery

(Duration)....yrs....mos....ds.

(Signed) W. H. Emmanuel M. D.

....., 191... (Address) Union Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	March 22, 1915
20-UNDERTAKER James H. Dennis	ADDRESS 556 Presstman

C83745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83745

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2215 N Brunt street, ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Walker,

(Residence in Baltimore: No. 2215 N Brunt street,

St., yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ...Unknown,...., 1.... (Month) (Day) (Year)

7-AGE, 45 ? ? ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Carpet cleaner
(b) General nature of industry, business, or establishment in which employed (or employer).....and layer,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Martha ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Jennie Pryor., friend,.....

(Address).....2215 N. Brunt street.....

15- MAR 22 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March....20th..., 1915. (Month) (Day) (Year:)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) ....inquiry....find that said deceased came to....his....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Organic heart disease,.....

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)....yrs....mos....ds.

(Signed) J. Frederick Kempel M. D. (Coroner.)

March 20, 1915 (Address).....1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 23 1915
20-UNDERTAKER	ADDRESS
James H Dennis	1303 Pentman

Spec.—6-13-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83746 — 30 C83746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Meisel

(Residence in Baltimore: No. 714 Gorsuch ave St.; ..yrs., 9 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... June (Month) 16 (Day), 1914 (Year)

7-AGE, ... yrs. 9 mos. 5 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Casper G. Meisel

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna A Bunn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Casper G. Meisel

(Address) 714 Gorsuch Ave

15- Filed MAR 22 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/18 1915, to 3/21 1915, that I saw her alive on 3/21 1915, and that death occurred, on the date stated above, at 3.30 am.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis Meningitis

..... (Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) M. B. Levin M. D.

....., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 3 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? 714 Gorsuch ave

Former or usual residence 714 Gorsuch ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 23, 1915

20-UNDERTAKER	ADDRESS
Henry Hook & Son	1301 E Eager st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83747

CERTIFICATE OF DEATH.

79 C83747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 E Preston ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Scherer

(Residence in Baltimore: No. 2425 E Preston St.; 64 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 19 (Day), 1838 (Year)

7-AGE, 76 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dinner

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John J. Scherer Jr.

(Address) 2425 E Preston St

15- Filed MAR 22 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 20 1915, to March 21 1915, that I saw h[illegible] alive on March 21 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

..... (Duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis not known

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Duker M. D.

Mch 22, 1915. (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 22, 1915
20-UNDERTAKER Henry Hoerle Son	ADDRESS 1301 E Eager St

C83748

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hosp. St.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Frazier

(Residence in Baltimore: No. 623 S Luzerne Ave St.; yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 19th (Day), 1880 (Year)

7-AGE, 34 yrs. 11 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): /

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Frazier

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Beers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Frazier

(Address) 625 S Luzerne Ave

15- Filed MAR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull (Accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fall down Stairway

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah H. Russell M. D. (Coroner.)

March 19th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 623 S Luzerne Ave

Former or usual residence 623 S Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	March 22 1915
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83749 C83749

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Eutaw Place. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Bendann.

(Residence in Baltimore: No. 2406 Eutaw Place. St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married.

6-DATE OF BIRTH, ...November 11th., 1840
(Month) (Day) (Year)

7-AGE, ...74... yrs. ...4... mos. ...9... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Art-Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Lawrence Bendann.

(Address)...2406 Eutaw Place.

15- Filed MAR 22 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March 20th. 1915..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1914, to March 20 1915, that I saw him alive on March 20 1915, and that death occurred, on the date stated above, at 12 — m.

The CAUSE OF DEATH* was as follows: —

...Acute Nephritis
...No operation
..." Microscopic Exam
...a Postmortem
...(Duration)...yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon
...aka Enlarged Glands Groin
...(Duration)...1...yrs.....mos.....ds.

(Signed) Henry R Brom M. D.

March 20, 1915. (Address) 1914 E. 33d St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem. DATE OF BURIAL, March 24, 1915.

20-UNDERTAKER Edward Sondheim ADDRESS 118 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83750

HEALTH DEPARTMENT—CITY OF BALTIMORE 19 C83750

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 807 N Kenwood ave ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Cox

Residence in Baltimore: No. 807 N Kenwood ave

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Aug (Month) 15th (Day), 1849. (Year)

7-AGE, 65 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James H Strau

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Melvinia Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr A. Sheridan

(Address) 1213 E. Madison St

15- MAR 22 1915 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edgar A. Russell M. D. (Coroner.)

March 20th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 22 1915.
20-UNDERTAKER	ADDRESS
J Wesley Jackson & Son	795 N Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83751 — 120 — C83751

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1903 Fairmount Ave West St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Bridinger

(Residence in Baltimore: No. 1903 W Fairmount Ave St.; 66 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: Not Known (Month) (Day), 1849 (Year)

7-AGE: 66 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: John Kleiman

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Berg

(Address) 1903 W Fairmount Ave

15- Filed MAR 22 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, March 20 1915, that I saw her alive on March 19 1915, and that death occurred, on the date stated above, at 1.20 A.m.

The CAUSE OF DEATH* was as follows: Chronic interstitial nephritis

(Duration) Uncertain (Duration) yrs. ..... mos. 20 ds.

Contributory (SECONDARY) Asthma (Duration) yrs. ..... mos. ..... ds.

(Signed), John A. Pozzoni M. D.

3-20 1915. [Address] 1302 W Lombard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: MAR 23 1915

20-UNDERTAKER: Geo. A. Gerber

ADDRESS: Balto & Payson Sts

Spec.—8-24-14—M. & T.—2000 Blks.

C83752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83752

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 606 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Moale Pleasants

(Residence in Baltimore: No. 606 Cathedral St.; 85 yrs., 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: June 29, 1829 (Month) (Day) (Year)

7-AGE: 85 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Samuel Thomas Poultney

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Ellin Moale Curzon

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hall Pleasants

(Address) 204 University Parkway

15- Filed MAR 22 1915 HARRY O'HALLORAN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 21 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Arteriosclerosis, Mitral

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Marion Buxton M. D.

March 21, 1915. (Address) 806 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 3-23.., 1915.

20-UNDERTAKER Henry W. Jenkins Sons Co ADDRESS Orchard & McCulloh Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83753 HEALTH DEPARTMENT—CITY OF BALTIMORE C83753

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 East Eager ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hopkins Elliott

(Residence in Baltimore: No. 16 E Eager st St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. January 14, 1842
(Month) (Day) (Year)

7-AGE. 73 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Richard Mott Janney

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Sarah Janney Hopkins

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(informant) Miles White Jr

(Address) 1130 N Calvert St

15- Filed MAR 22 1915, 191.... HARRY O. ARCHER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 21 1915, that I saw h[er] alive on March 21 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hans N Broen M. D.

March 22, 1915. (Address) 19 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 23rd, 1915

20-UNDERTAKER H. W. Jenkins & Son Co — ADDRESS McCulloh & Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83754

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C83754

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 618 Clinton ave St. 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Courtland V. Tomlin X

(Residence in Baltimore: No. 618 Clinton ave St.) — yrs. — mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 18, 1915 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Courtland V. Tomlin

11-BIRTHPLACE OF FATHER (State or country): Canada

12-MAIDEN NAME OF MOTHER: Emma M. Costello

13-BIRTHPLACE OF MOTHER (State or country): Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Courtland V. Tomlin

(Address) 618 Clinton ave

15-Filed MAR 22 1915 HARRY O. ANDREWS Burial Permit Clerk.

MAR 22 1915 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 21st, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18th, 1915, to March 21st 1915, that I saw h.. alive on March 21st, 1915, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion
Gastro Intestinal

about 5 hours (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Pulmonary Oedema
Mitral Stenosis

about 3 hrs (Duration) ... yrs. ... mos. ... ds.

(Signed) James F. Walling M. D.

March 21, 1915 (Address) 5 W. Lanvale ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: March 22 1915

20-UNDERTAKER: Geo W. Little

ADDRESS: 531 N. Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83755

C83755

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Falls Road ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A Lockner

(Residence in Baltimore: No. 521 Falls Road St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 10, 1840
(Month) (Day) (Year)

7-AGE, About 75 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, John Leahy

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hoff

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Leahy

(Address) 521 Falls Road

15- MAR 22 1915 HARRY O ANDREWS
Filed ... 191 ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to Mar 21 1915, that I saw h[er] alive on Mar 21 1915 and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis (Chronic)

(Duration) ... yrs. 6 mos. ... ds.

(Signed) O'Brien M. D.

Mar 22, 1915. (Address) 866 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Union Bethel Carroll Co | DATE OF BURIAL, March 24 1915

20-UNDERTAKER Chenowith & Son | ADDRESS 3617 Chestnut Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83756 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 C83756

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Geo. Lee Sanders

(Residence in Baltimore: No. 1742 E. North Avenue St.; ...yrs., ...mos.... ds.)

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July 9th (Month) (Day), 1862 (Year)

7-AGE, 52 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman in
(b) General nature of industry, business, or establishment in which employed (or employer): Saw Mill

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. E. Sanders

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kate Tall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie M. Sanders

(Address) Madison, Md. R.F.D. 7

15- Filed MAR 22 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 20, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1915, to Mar. 20 1915, that I saw him alive on Mar. 20 1915, and that death occurred, on the date stated above, at 5:15 P.m.

The CAUSE OF DEATH* was as follows:

Post Operative shock

(Explain Surgical Anatomy.) X

(Duration) ...yrs. ...mos. 1 ...ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

(Duration) X yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

(Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 52 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not Given

Former or usual residence 1742 E. North Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, MAR 23 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight

Spec.—8-24-14—M. & T.—2000 Blks.

C83757

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Madison Ave Bloomfield

CITY OF BALTIMORE: (No. Manchester apts ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Lowenberg.

(Residence in Baltimore: No. Manchester apts St.; 30 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 24, 1884. (Month) (Day) (Year)

7-AGE, 30 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, I. Silverman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Jennie Bronson

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Balto St

15- Filed MAR 22 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1913, to death 191..., that I saw her alive on March 22 1915, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

Bronchopneumonia (Duration) yrs. 5 mos. ds.

(Signed) Samuel Goldstein M. D.

Mar. 22, 1915. (Address) 2407 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Herrun Cem	3.23., 191.5
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C83758

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83758

CERTIFICATE OF DEATH.

43

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Farrell

(Residence in Baltimore: No. 1214 N. Eden St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
48 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Edw. Hanlon

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Leach

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Leach

(Address) 1214 N. Eden St.

15- MAR 22 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1915, to Mar 20 1915, that I saw h[er] alive on Mar 20 1915, and that death occurred, on the date stated above, at 3.10 p. m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Oedema Lungs

..... (Duration) yrs. mos. 1 ds.

(Signed) D.T. Bernard Lucas M. D.

3-22, 1915. (Address) 914 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3 23, 1915.
20-UNDERTAKER Henry W. Maas & Co.	ADDRESS 805 N. Eden St

N. B.—Every effort should be made to have the information required by this certificate properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

28 083759

083759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 Light ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 1725 Light St.; 30 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ... (Day) ... (Year)

7-AGE, 77 yrs. 7 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick Maker
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Miller

(Address) 1725 Light

15- MAR 22 1915 Filed ..... 191.

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Gocw

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1915 to March 20 1915, that I saw h[illegible] alive on March 19 1915, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. H. Kaufer M. D.

March 21, 1915 (Address) 1728 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	3/23, 191.5
20-UNDERTAKER	ADDRESS
J. Frew Mitchell	396 E. Ford

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83760

C83760

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Drive & Callow Ave., ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Baer,

(Residence in Baltimore: No Annadale Apartment, St.; lifetime, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 21st, (Day) 1868. (Year)

7-AGE,	If LESS than 1 day,
46 yrs. 4 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hide & Fur
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Lewis Baer

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Rosa Bertig,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Baer

(Address) 1821 Madison Ave.

15- Filed MAR 22 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 21st (Day), 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1915, to March 21 191 5, that I saw h alive on March 21 191 5, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1. Primary Lobar Pneumonia

2. Endocarditis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Theodore Abel Bayley M. D.

March 25 1915. (Address) 4126 W. Belvedere

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Hebrew Friendship	Mch. 23rd, 191 5
20-UNDERTAKER	ADDRESS
Ward & Sondheim	1182 W. Mt. St.

I.S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-15-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C83761

79 C83761

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1272 1/2 Riviside ave St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Argue

(Residence in Baltimore: No. 1272 1/2 Riviside ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
male	white	wdower

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1855 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 2 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos. N Argue.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm Argue

(Address) 1272 1/2 Riviside

15- MAR 22 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to March 21 1915; that I saw him alive on March 21 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) Jas A O Donnell M. D.

March 22 1915. (Address) 102 E Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem	3/23, 1915
20-UNDERTAKER	ADDRESS
J. Frew McCully	39 E. Fort.

R. C. — Exception or information in regard to any of these items may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83762 × 45 C83762

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Matthews.

(Residence in Baltimore: No. 403 Pettigrew St. Durham, N. C. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 5, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tax-Collector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Benj. Matthews.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Edith Johnson.

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15-

Filed MAR 22 1915 ROBERT , KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8 1915, to Mar. 22 1915, that I saw h— alive on Mar. 22 1915, and that death occurred, on the date stated above, at 12½ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.
No Operation

about
(Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Same

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William Pouty M. D.

Mar 22, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 403 Pettigrew St. Durham N. C.

19-PLACE OF BURIAL OR REMOVAL, Durham N. C. DATE OF BURIAL, 3/25, 1915

20-UNDERTAKER Chas. P. Coons & Son 1188 ADDRESS 1188 Mozart

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F E T Y

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83763

CERTIFICATE OF DEATH.

170 C83763

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Cumberland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Alphonsus Meehan

(Residence in Baltimore: No. 613 Cumberland St.; 30 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, DEC 9, 1864 (Month) (Day) (Year)

7-AGE, 45 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

9-BIRTHPLACE, (State or Country). Abberton Edgewood Md.

PARENTS.

10-NAME OF FATHER, Cornelius Meehan

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Mary Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Shannon

(Address) 700 Fulton Ave

15- Filed MAR 22 1915 nee ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1914, to Mar 21 1915, that I saw h[illegible] alive on March 21 1915, and that death occurred, on the date stated above, at 4.5 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Epicarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

(Signed) Geo C. Shannon M. D.

March 21, 1915 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Mar 23 1915
20-UNDERTAKER	ADDRESS
A Fahey & Son	106 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-24-14—M. & T.—2000 Blks.

C83764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C83764

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Ambrose Miller

(Residence in Baltimore: No. 419 E. Lanvale St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 4 (Day), 1851 (Year)

7-AGE, 63 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Gettysburg Pa.

PARENTS.

10-NAME OF FATHER, Michael Miller

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Scott

(Address) 414 Lumbaston Ave

15- Filed MAR 22 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 20 1915, that I saw h im alive on March 20 1915, and that death occurred, on the date stated above, at 10-15 A.m.

The CAUSE OF DEATH* was as follows:

B. Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Warner M. D.

March 20 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 419 E. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, March 23, 1915

20-UNDERTAKER, J. A. Wedefelds

ADDRESS Fremont Ave

U. S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 C83765

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2205 Barclay ST.) 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celeste Brey

(Residence in Baltimore: No. 2205 Barclay St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ... July ..... (Month) ..... (Day) ....., 1837 (Year)

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER: John H. Grayson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Ann E. Byan

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emmett Coleson

(Address) 2205 Barclay St

15- MAR 22 1915 Filed....., 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar ..... (Month) ..... 22 (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns to death

Duration) Pheasants Confined in Bed

CONTRIBUTORY (Secondary) Accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Glynn ..... M. D. (Coroner)

Mar 22, 1915. (Address) 3648 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Prince George Co Md	March 25, 1915

20-UNDERTAKER: E. A. Woodyard

21-ADDRESS: Bowie Md

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83766

CERTIFICATE OF DEATH.

nº C83766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 W. Lombard ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia I Grimes

(Residence in Baltimore: No. 832 W Lombard St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 1, 1911
(Month) (Day) (Year)

7-AGE, 3 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Henry D. Grimes

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Angeline V. Grimes

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry D. Grimes

(Address) 832 W. Lombard St.

15- Filed MAR 22 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 20 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

(Duration) 3 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) J. M. Lazarus M. D.

Mar 22, 1915 (Address) 832 W. Barrallton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, March 23, 1915

20-UNDERTAKER C. Schlosman & Son ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83767

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C83767

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Madeira ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Klima

(Residence in Baltimore: No. 406 N. Madeira St.; 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: December (Month) (Day), 1857 (Year)

7-AGE: 58 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Bohemia

PARENTS

10-NAME OF FATHER: Joseph Klima

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Rosi Stolka

13-BIRTHPLACE OF MOTHER (State or country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Marie Šíra

(Address): 406 N. Madeira St.

15- MAR 22 1915

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 20 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1914, to, March 20 1915, that I saw him alive on March 19 1915, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart

(Duration) 2 yrs — mos — ds.

Contributory (SECONDARY) Senile anasarca

(Duration) — yrs 2 mos — ds.

(Signed) Emil Novak M. D.

Mar. 20 1915 [Address] 923 N Pat Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar. 23 1915

20-UNDERTAKER: Geo. McGuirk — ADDRESS: 811 N. Wolfe

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83768

CERTIFICATE OF DEATH

C83768

1 PLACE OF DEATH

REGISTERED No. C 10 4

CITY OF BALTIMORE (No. 511 Franklin Terrace ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Alice McCulloh

(Residence in Baltimore: No. 511 Franklin Terrace St.: yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 25 (Day), 1914 (Year)

7-AGE: ..... yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Cty.

PARENTS

10-NAME OF FATHER: Harry L. McCulloh

11-BIRTHPLACE OF FATHER (State or country): Balto. Cty

12-MAIDEN NAME OF MOTHER: Gertrude S. Hess

13-BIRTHPLACE OF MOTHER (State or country): Balto. Cty

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry L. McCulloh.

(Address) 511 Franklin Terrace

15. FILED MAR 22 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1915, to Mar. 21 1915, that I saw h[illegible] alive on Mar. 21, 1915, and that death occurred, on the date stated above, at 11.30 a.m.
The CAUSE OF DEATH* was as follows:

Exhaustion & Syncope

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Gastro Enteritis

(Duration) ..... yrs. ..... mos. 19 ds.

(Signed), Sam'l Billsbury M. D.

Mar 22, 1915. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Govans — DATE OF BURIAL: Mar 23, 1915

20-UNDERTAKER: Geo. Weber & Son — ADDRESS: 253 Edmondson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83769

CERTIFICATE OF DEATH.

1920 C83769

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 902 Homewood ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Johanna Hickey

(Residence in Baltimore: No. 902 Homewood ave St.; ..... yrs. unknown mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1860 (Year)

7-AGE.	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan Dromey

(Address) 14 E. Franklin St.

15- Filed MAR 22 1915, 191.... ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to March 22 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

arteriosclerosis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Anne M. Fenton M. D.

March 22 1915 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	Mar 24, 1915
20-UNDERTAKER	ADDRESS
Wm Groff	507 E Hoad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83770 — 40 C83770

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 W. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Buettinger

(Residence in Baltimore: No. 1048 W. Saratoga St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: October 6, 1853 (Month) (Day) (Year)

7-AGE, 61 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Wirkmann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Wirkmann

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Lastner

(Address) 1048 W. Saratoga

15- Filed MAR 22 1915, 191.. ROBERT F. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16 1915, to March 22 1915, that I saw h[illegible] alive on March 21 1915, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

1a. Carcinoma of Liver

b. Metastasis

c. Hydronephrosis Estimated (Duration) ....yrs. ....mos. ....ds.

d. Obstruction

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. G. Clark M. D.

March 22, 1915 (Address) 20 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Mar. 24, 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 E. Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83771

CERTIFICATE OF DEATH.

45 C83771

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Cor Madison & Linden Ave 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Katherine Faeverer

(Residence in Baltimore: No. 326 S. Central Ave St.; 59 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH July 31, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, August Mader

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dout Kunz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Werner

(Address) 326 S. Central Ave

15- MAR 22 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 19 1915, to Mar 22 1915, that I saw h.r alive on Mar 22 1915, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larger Toe
metastasis to Lymphatic Gland
Glands No operation
No Surgical Treatment
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastasis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. Earle Hull M. D.

Mar 22 1915. (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, March 24, 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 E Pratt St

083772

HEALTH DEPARTMENT—CITY OF BALTIMORE

156 083772

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 245 South Robinson WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia J. O'Donnell

(Residence in Baltimore: No. 245 South Robinson St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, ... Jan ..... 3 ....., 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS'

10-NAME OF FATHER, Charles R Conway

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Hartford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J. O'Donnell

(Address) 245 S. Robinson

15-MAR 22 1915 ROBERT . KRAUTER,
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 21st ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... inquest .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... her ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Sue de .....
..... Illuminating Gas .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... David W. Jones ..... M. D.
(Coroner.)
March 24, 1915 (Address) 3116 O'Donnell st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Baltimore City — DATE OF BURIAL, 3/24/1915

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Patterson Park ave
Lombard St

C83773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 Wd 4 Sec C83773

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Durham ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob. Zinkand.

(Residence in Baltimore: No. 710 S. Durham St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 22 (Month) (Day), 1840 (Year)

7-AGE, 74 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Corker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Zinkand

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Glisbisch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carolina Zinkand

(Address) 710 S. Durham St

15 MAR 22 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1915, to March 20 1915, that I saw him alive on March 19 1915, and that death occurred, on the date stated above, at 5:40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Double)

(Duration) ....yrs. ....mos. 33 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Kelly M. D.

3/21, 191.5 (Address) 200 N. Patt. Pk. Ave.

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, 3/23, 1915

20-UNDERTAKER William Cook

ADDRESS 507 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83774

CERTIFICATE OF DEATH.

92C83774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Montford Ave St.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wisniowski

(Residence in Baltimore: No. 611 S. Montford Ave St.; 31 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, Married, WIDOWED, or DIVORCED. (Write the word.)

6-DATE OF BIRTH, Dont Know (Month) ..... (Day), 1865 (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer) Factory.

9-BIRTHPLACE, (State or Country), Austria Galicia

PARENTS.

10-NAME OF FATHER, Not. Known

11-BIRTHPLACE OF FATHER (State or Country), Not. Known

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bronislaw Miodunzewski

(Address) 611 S. Montford Ave

15- Filed MAR 22 1915 ROBERT . KRAUTER Burial Permits Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1915, to March 20 1915, that I saw h— alive on March 20 1915, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Coma of Lung

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. Jarmuszewski M. D.

March 25 1915 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar 23 1915

20-UNDERTAKER William Jackowski ADDRESS 168 Eastern

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83775 — 10 — C83775

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 506 Cathedral St.; WARD) — (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dandell

(Residence in Baltimore: No. 2128 St Paul St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February (Month) 27 (Day), 1875 (Year)

7-AGE: 40 yrs. — mos. 23 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Registered Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Hamilton, Va

PARENTS

10-NAME OF FATHER: Alan? Dandell -

11-BIRTHPLACE OF FATHER (State or country): Powlow County Va

12-MAIDEN NAME OF MOTHER: Leslie

13-BIRTHPLACE OF MOTHER (State or country): Hillsboro Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur E Bonner.

(Address) 1009 Madison Ave

MAR 22 1915 ROBERT . KRAUTH, Filed ....., 191 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th, 1915, to March 22 1915, that I saw her alive on March 22, 1915, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Brain Abscess-Cerebral-(Complicating Mastoiditis following La Grippe)

(Duration) — yrs. — mos. 12 ds

Contributory (SECONDARY) La Grippe

(Duration) — yrs. 1 mos. 18 ds.

(Signed) Henry D. Leigh M. D.

....., 191..... (Address) 506 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. 10 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2128 St Paul -

Former or usual residence 2128 St Paul St

19-PLACE OF BURIAL OR REMOVAL: Frandell Va

DATE OF BURIAL: March 23, 191 5

20-UNDERTAKER: W. J. Tickner Son

ADDRESS: North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83776 (over) 139 C83776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 529 S Belnord St.; Ave WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dick

(Residence in Baltimore: No. 529 S Belnord. Ave St.; ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 16, (Month) (Day) 1880 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Moran

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Bridget

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Moran

(Address) 529 S Belnord.

15- Filed MAR 22 1915 ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 20 1915, that I saw her alive on March 20 1915, and that death occurred, on the date stated above, at 1 20 a m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

full term Child 1½ hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) O L Long M. D.

3/22, 1915. (Address) 2701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar. 23, 1915.

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

N.B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83777

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1529 W. Fayette ST.: 19 WARD)

2-FULL NAME Lydia Grupie Maynard

(Residence in Baltimore: No. 1529 W. Fayette St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 28th, 1850 (Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Francis H. Grupie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Christina Ebert

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maude Bowen

(Address) 1529 W. Fayette St.

15 Filed MAR 22 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml. Weinberg (Coroner.) M. D.

March 22nd 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Mch. 23, 1915

20-UNDERTAKER Geo. F. Smith ADDRESS 700 W Fayette

C83778

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C83778

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Womens Home St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Widemare

(Residence in Baltimore: No. 1404 W Lexington St. St.; 76 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown ..... (Month) ..... 1 ..... (Day) ..... (Year)

7-AGE: 83 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Co Md.

PARENTS

10-NAME OF FATHER: Jas F B Wademan

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Elizabeth Isbe

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ada Jones

(Address) Womens Home

Filed MAR 22 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 22, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 18, 1915, to, March 22 1915, that I saw h-r alive on March 21 1915, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) 7 yrs. ..... mos. 4 ds.

(Signed) H Stowers M. D.

March 22, 191 5 [Address] Pylesville Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. 8 mos ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: March 24 1915

UNDERTAKER: Geo M J Smith — ADDRESS: 500 E Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

083779

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 083779

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1315 Walbrook St. 16 WARD)

2 FULL NAME Fannie J. Watkins

(Residence in Baltimore: No. 1315 Walbrook St.: 1 yrs. ..... mos. ..... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 30 Dec (Month) (Day), 1909 (Year)

7 AGE: 5 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Samuel Lord

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Bell Harris

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bell Lord

(Address) 1315 Walbrook

15 MAR 22 1915 Filed ....., 191.... ROBERT J. KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/10, 1915, to. 3/20 1915, that I saw h[illegible] alive on 3/20, 1915, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Ca. Stomach

..... (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Toxemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ben Klutz M. D.

3/24, 1915 (Address) 1400 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Calvert Co Md — DATE OF BURIAL: Mar 23, 1915

20 UNDERTAKER: Fisher Bros — ADDRESS: James H Davis 1303 Bustons

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83780

CERTIFICATE OF DEATH.

150

C83780

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominic DeAngelo

(Residence in Baltimore: No. 1416 Bank St.; ....yrs., mos. 1 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...Mar.... (Month) ....22.... (Day), 1915. (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Infant....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Rafael DeAngelo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Elizabet Leone

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Rafael DeAngelo....

(Address) ....1416 Bank St....

15- MAR 22 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Mar.... (Month) ....22.... (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 22 1915, that I saw him alive on March 22 1915, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

....Infirmity of development....
....Prematurity....

.... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ....Intussusception....

.... (Duration) ....yrs....mos....ds.

(Signed) ....Jos L Valentine.... M. D.

March 24 191.5 (Address) ....16 So. Broadway....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	March 23., 1915
20-UNDERTAKER	ADDRESS
Rudell Lippelt & Son	330 S. Bond

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83781 HEALTH DEPARTMENT—CITY OF BALTIMORE 167

C83781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH, CITY OF BALTIMORE (No. Maryland General Hospital, Linden ave.& Madison st. ST.: 11 ..WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Noble Windsor,

(Residence in Baltimore: No. 1024 Madison ave. St.; yrs.,, mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, ... Unknown, ..., 1..... (Month) (Day) (Year)

7-AGE, 68 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Noble,

11-BIRTHPLACE OF FATHER (State or Country), Delaware,

12-MAIDEN NAME OF MOTHER Mary Howard,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Piquette, sister,

(Address) 1024 Madison avenue.

15- FILED MAR 23 1915, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 21st ..., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of the third degree, accidentally received from burning night-gown which caught fire from a lit. match, ... (Duration) ..... yrs. 17 hours, ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Wenger M. D.
(Coroner.)

March 22 191 5 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Arlington Nat. Cemetery Va.	March 24 1915.
20-UNDERTAKER	**ADDRESS**
E. M. Mitchell	1231 W. Fayette.

C83782

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 45

C83782

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Harvard A. Kelly Hosp. St. 1418 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Anthony Gabourey.

(Residence in Baltimore: No. Jacksonville Alabama St.; —yrs. —mos. —ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Apr. (Month) 4 (Day), 1851 (Year)

7-AGE 63 yrs. 11 mos. 19 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Montreal Canada,

PARENTS

10-NAME OF FATHER Francis Gabourey.

11-BIRTHPLACE OF FATHER (State or country) Canada —

12-MAIDEN NAME OF MOTHER Catherine Deemarais

13-BIRTHPLACE OF MOTHER (State or country) Canada —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. C. Gabourey

(Address) Jacksonville Ala (mo)

15 MAR 23 1915 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar. 23 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1915, to Mar 23 1915, that I saw him alive on Mar. 22. 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cancer of pancreas

(Operation) (Duration) ? yrs. — mos. — ds

Contributory (SECONDARY) O

(Duration) yrs. mos. ds.

(Signed) Howard A Kelly M. D.

23 III, 1915 (Address) 1418 Eutaw Place Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 18 ds. In the State ..... yrs. ..... mos. 18 ds.

Where was disease contracted, if not at place of death? Jacksonville, Ala.

Former or usual residence Jacksonville Ala —

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jacksonville Alabama	March 23, 1915.
20-UNDERTAKER	ADDRESS
E. M. Mitchell	120 W. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

C83783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

C83783

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Greenmount ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Oliver

(Residence in Baltimore: No. 636 Greenmount St.; 17 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, 3 (Month) 20 (Day) 1898 (Year)

7-AGE,	If LESS than 1 day.
17 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Teamster

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Albert S Oliver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Russell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Oliver

(Address) 639 Greenmount Ave

15- Filed MAR 23 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3. 18 1915, to 3. 19 1915, that I saw h[illegible] alive on 3. 19. 1915, and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

Stomach Phlegmon

Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. L. Sloop M. D.

3. 20, 1915 (Address) 639 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	3/23 1915
20-UNDERTAKER	ADDRESS
Chas L T Kemsley	578 N Bdwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C83784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83784

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean Giles

(Residence in Baltimore: No. Cor. Centre + Russell Sts Mt. Wmans Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... Jan. (Month) 24 (Day) 1874 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Geo. Jones.

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Lizzie ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.R. Curry

(Address) J. H. Hosp.

15- Filed MAR 23 1915, 191..... HARRY O. ANDREWS, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 22 (Day), 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1915, to Mar 22 1915, that I saw her alive on Mar 22 1915, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Probably tuberculous

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. McWynne M. D.

Mar. 23, 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Cor Centre + Russell Sts Mt Wmans

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem'y — DATE OF BURIAL, 3/23, 1915.

20-UNDERTAKER Saml J Hemsley — ADDRESS 578 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83785 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C83785

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1509 W. Fairmount Ave 19 WARD) REGISTERED No. C..

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary Taylor

(Residence in Baltimore: No. 1509 W. Fairmount Ave St.; 1 yrs., 1 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Aug. (Month) 6th (Day), 1858 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 7 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Pernal Wise

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Cato

(Address) 1509 W Fairmount Ave

15. MAR 23 1915 Filed....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration)..... yrs..... mos..... ds.

(Signed) Saml Wamberg M. D. Coroner.

March 22nd 1915 (Address) 2302 Maddison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	3/24, 1915
20-UNDERTAKER Saml W Hamby	ADDRESS 578 W Balto

C83786

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C83786

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 915 N Broadway 7 ST.; ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aimee Jane Brown

(Residence in Baltimore: No. 915 N Broadway St.; yrs. ..... mos. 15 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Mch 7th, 1915
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: Wm B Brown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary R Roe

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary R Brown

(Address) 915 N Broadway

MAR 23 1915
Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch 22nd, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 7th, 1915, to Mch 22nd 1915; that I saw her alive on Mch 21st, 1915; and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (6 Mo)

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) Inanition

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Elijah J. Russell M. D.

Mch 22nd 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore County	Mar 23, 1915

20-UNDERTAKER	ADDRESS
Gilbert E Fuller	221 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C83787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C83787

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel T. Myles

(Residence in Baltimore: No. 12 N. Mount St.; 20 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Oct (Month) 6 (Day), 1894 (Year)

7-AGE, 20 yrs. 5 mos. 16 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James A. Myer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary C. Setteman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Myer

(Address) 12 N. Mount St.

15- Filed MAR 23 1915, 191.... HARRY O. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 22 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch 8 191 5, to Mch 22 191 5, that I saw h last alive on Mch 22 191 5, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pregnancy 7 months.

(Duration) ....yrs. 5 mos. ....ds.

(Signed) Theodore Lemke M. D.

March 23, 191.. (Address) 914 N. Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 24, 1915

20-UNDERTAKER Harry W. Eden — ADDRESS 1911 W. North Ave

R. C.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

83788

HEALTH DEPARTMENT—CITY OF BALTIMORE 40

CERTIFICATE OF DEATH.

REGISTERED No. C 83788

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgie Cary Johnston

(Residence in Baltimore: No. 625 E. 41st St.; —yrs. —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 19 (Day), 1859 (Year)

7-AGE, 55 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Harford Co., Md

PARENTS.

10-NAME OF FATHER, John H. Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Young

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Johnston

(Address) 625 E. 41st St.

15- Filed MAR 23 1915, 19 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to March 22 1915, that I saw h— alive on March 22 1915, and that death occurred, on the date stated above, at 1 00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver. X

Unknown (Duration) —yrs. —mos. —ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum

Unknown (Duration) —yrs. —mos. —ds.

(Signed) John W. Evans M. D.

March 22 1915 (Address) 501 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. 14 ds. In the State 55 yrs. — mos. —ds.

Where was disease contracted, if not at place of death? 625 E. 41st

Former or usual residence 625 E. 41st

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar 24, 1915

20-UNDERTAKER H. E. Mosher — ADDRESS 1715 Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C83789 HEALTH DEPARTMENT—CITY OF BALTIMORE 66 C83789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; 2 6 Ward 22) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Amelia Hattone

(Residence in Baltimore: No. Above St.; 95 yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ~~1829~~ 1819

June 23rd (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
95 yrs. 4 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hattone

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Burley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Hannah

(Address) 936 N. Paul St.

15- MAR 23 1915 Filed ....., 19.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1912, to March 23 1915, that I saw h[illegible] alive on March 23 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Edema Lungs

(Duration) — yrs. — mos. 2 ds.

(Signed) W. T. Reid Jr. M. D.

March 23, 1915. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 26 yrs. 10 mos. ds. In the State 95 yrs. mos. ds.

Where was disease contracted, if not at place of death? Was Confined

Former or usual residence Born & Bal Md

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, March 24, 1915.

20-UNDERTAKER Jos B. Cook — ADDRESS 1003 Madison

N. B.—Each question must be answered. Copy must be typewritten or legibly written with pen and ink. Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 C83790

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1804 Walbrook Ave St.) (15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Burns

(Residence in Baltimore: No. 1804 Walbrook Ave St.; 32 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug (Month) 6 (Day), 1876 (Year)

7-AGE: 38 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Geo. H. Baker

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth A Monroe

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry R Burns

(Address) 1804 Walbrook Ave

15- MAR 23 1915

HARRY O. ARLANDS
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1914, to, Mar 21 1915.

that I saw h-e alive on Mch 21 1915,

and that death occurred, on the date stated above, at 4:45 p m.

The CAUSE OF DEATH* was as follows:

Anaemia Pernicious —

..... (Duration) ✓ yrs. 5 mos. ✓ ds

Contributory (SECONDARY) Endocarditis

..... (Duration) ✓ yrs. ✓ mos. 10 ds.

(Signed) Geo C. Brennan M. D.

Mar. 22, 1915 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Mch 24, 1915

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison ave

Spec.—5-19-13—M. & T.—500 Bks.

C83791 HEALTH DEPARTMENT--CITY OF BALTIMORE 91 C83791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sqr. Hos. St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Fried

(Residence in Baltimore: No. 2583 W. Fayette, St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
78 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Leyer

(Address) 2583 W. Fayette St.

15- Filed MAR 23 1915 191 Daniel O. Anders, Registrar. Burial Permit Oct 1

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1915, to March 21 1915, that I saw h-im alive on March 21 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Knorr M. D.

March 21, 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence 2583 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Md. National Cemetery	March 23., 1915.
20-UNDERTAKER	ADDRESS
Wm Coulson	230 E Gwn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83792

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83792

CERTIFICATE OF DEATH.

64

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 407 N Durham ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Nelson V Cook

(Residence in Baltimore: No. 407 N Durham St.; yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb 22nd, 1878.
(Month) (Day) (Year)

7-AGE, 37 yrs. 0 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Waters

(Address) 407 N. Durham St.

15- Filed MAR 23 1915 HARRY O ANDREAS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Elijah S. Russell M. D.
(Coroner.)

March 19, 1915. (Address) 1423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	March 23, 1915
20-UNDERTAKER	ADDRESS
Charles B. Jones	604 Rogers Ave

C83793

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C83793

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 826 Mechanics Court St.; 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minnie Frazier

(Residence in Baltimore: No. 826 Mechanics Court St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Jan 10 (Month), 1870 (Year)

7 AGE: 45 yrs. 2 mos. 11 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Edward Burke

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Robinson

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Halland

(Address) 826 Mechanic ct

MAR 23 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 21 (Month), 1915 (Day), (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1915, to March 21 191 5 that I saw her alive on March 21, 191 5 and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Geo H Lauenstein M. D.

March 21, 1915 (Address) 2215 N. Howard Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: March 24, 1915

20 UNDERTAKER: Charles B Jones — ADDRESS: 504 Rogers Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83794

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C83794

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1003 N. Carrollton ave. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Brown,

(Residence in Baltimore: No. 1003 N. Carrollton ave. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH: March (Month) 20th (Day), 1864. (Year)

7-AGE: 51 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): North Carolina,

PARENTS.

10-NAME OF FATHER: John Brown,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or Country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Jamison, friend,

(Address) 1003 N. Carrollton ave.

MAR 23 1915

Filed ....., 191.. HARRY O. [illegible] Burial Permit Clerk

Registrar.

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper (Coroner.) M. D.

March 20 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, MAR 22 1915, 19..

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

Spec. No. 2-14—M. & T.—2000 Bks.

C83795 C83795 C83795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Wilson

(Residence in Baltimore: No. 1719 Guilford Ave. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 18 (Month) (Day), 1884 (Year)

7-AGE 30 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Dr Homer Wilson

11-BIRTHPLACE OF FATHER (State or Country). Kent Co. Md

12-MAIDEN NAME OF MOTHER Henrietta M. Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta M Wilson

(Address) Kent Co. Md

15- MAR 23 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 22 1915, that I saw her alive on March 22 1915, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia with Nephritis.

O.K. J. Frederick Kemper M.D.

(Duration) ...yrs. ...mos. 10 ds.?

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ...yrs. ...mos. 20 ds.?

(Signed) Jas. Spence M. D.

Mar. 23..., 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1719 Guilford Ave.

19-PLACE OF BURIAL OR REMOVAL, Hookstown Kent Co. Md DATE OF BURIAL, Mar. 25, 1915.

20-UNDERTAKER Joseph Block ADDRESS 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C83796

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83796

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Paxton ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Coppin

(Residence in Baltimore: No. 516 N. Paxton St.; .....yrs., mos. 2 / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, 2 (Month) 25 (Day), 1915 (Year)

7-AGE, ...yrs. mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1913 Baltimore

PARENTS.

10-NAME OF FATHER, Bernard Coppin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Irene Jones

13-BIRTHPLACE OF MOTHER (State or Country), Easton, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Carr

(Address) 516 N. Paxton St

15- MAR 23 1915 Filed....., 191.... HARRY C. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20 1915, to Mar. 22 1915, that I saw h him alive on Mar. 22 1915, and that death occurred, on the date stated above, at 5:2 a m. The CAUSE OF DEATH* was as follows:

Mal nutrition

..... (Duration) .....yrs. mos. 2 0 ds.

CONTRIBUTORY (Secondary) Gastritis

..... (Duration) .....yrs. mos. 1 7 ds.

(Signed) Jno. H. Tompkins M. D.

Mar 23 191 5 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loud County

DATE OF BURIAL, Mar 23, 1915

20-UNDERTAKER J. C. Bishop

ADDRESS 110 Dolphin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83797

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83797

CERTIFICATE OF DEATH

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2809 Taylor St ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Burke

(Residence in Baltimore: No. 2809 Taylor St ST.: 45 yrs. 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 24 (Day), 1869 (Year)

7-AGE: 45 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Provision Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Adam Burke

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Frida Pchleye

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Conrad Burke

(Address) 2809 Taylor St

15. MAR 23 1915 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to March 22, 1915, that I saw h[illegible] alive on March 21, 1915, and that death occurred on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Thos. Wrightson M. D.

March 22, 1915 (Address) 2021 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar 24, 1915

20-UNDERTAKER: Robert J Turner

ADDRESS: 1422 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83798

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C83798

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Linden Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Nelson

(Residence in Baltimore: No. 1913 Linden Ave. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE MARRIED WIDOWED OR DIVORCED~~ (Write the word): widower

6-DATE OF BIRTH: Dec 25 1829 (Month) (Day) (Year)

7-AGE: 85 yrs 2 mos 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): (Mechanic) X

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Benj. Nelson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Lucy Poole

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Henkelman

(Address) 1920 W. Fort Ave

15- Filed MAR 23 1915 HARRY O. ANDREWS, 1st Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month.) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/20, 1915, to, 3/21 1915, that I saw him alive on 3/21 1915, and that death occurred, on the date stated above, at 10.10 A.m.

The CAUSE OF DEATH* was as follows:

Partial paralysis lower limbs & trunk. Affected for years. Complicated by mitral regurgitation & pulmonic regurgitation(?)

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Henry Purnell M. D.

3/22 1915. [Address] West Arlington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	March 24, 1915
20-UNDERTAKER	ADDRESS
George J. Smith	2420 E. 1st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C83799

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C83799

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Division ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Gundy

(Residence in Baltimore: No. 2020 Division St.; 23 yrs. 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 12th, 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bells, Calvert

PARENTS.

10-NAME OF FATHER, Isaac Gundy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia Lawton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Lawton

(Address) 2020 Division

15- HARRY O. INLOES,
Filed MAR 23 1915 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17th 1915, to March 22d 1915, that I saw h-e alive on 21th 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

March 22, 1915. (Address) 922 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, March 24th, 1915

20-UNDERTAKER Felix B. Pyle

ADDRESS 102 E. Mulberry St

N. B.—EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83800

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83800

CERTIFICATE OF DEATH

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 539 Wilson St.) (WARD 14)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Johnson

(Residence in Baltimore: No.) (Inmate of) (yrs. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: March 1st, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant Infants
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John W Johnson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Alice Garrett

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Johnson

(Address) 639 Wilson St

Filed MAR 23 1915 .191

HARRY O ARONES, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 22, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 14, 1915, to March 21, 1915, that I saw h[illegible] alive on March 21, 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Mal Nutrition

21 days (Duration) yrs. mos. ds.

Contributory (SECONDARY) Lack of development

(Duration) yrs. mos. ds.

(Signed) J C. Stewart M. D.

March 22, 1915 (Address) 1003 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Mar 23rd 1915

20-UNDERTAKER: Felix B Pyle

ADDRESS: 102 E Mulberry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83801

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C83801

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 W. Biddle St.: 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Eliza Thomas

(Residence in Baltimore: No. 509 W Biddle St.: 68 yrs. ~ mos. ~ ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: 68 years, 1 (Month) (Day) (Year)

7-AGE: 68 yrs. ~ mos. ~ ds. | If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): ~

9-BIRTHPLACE (State or country): City.

PARENTS

10-NAME OF FATHER: Hicks

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Claiborne Brown

13-BIRTHPLACE OF MOTHER (State or country): dont. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Thomas

(Address) 509 W. Biddle St

MAR 23 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1910, to March 20 1915.

that I saw her alive on March 19 1915.

and that death occurred, on the date stated above, at ~ m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 3 Months ds

Contributory (SECONDARY) ~

(Duration) ~ yrs. ~ mos. ~ ds.

(Signed) Chas. H. Ritz M. D.

3-22, 1915. (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ~ yrs. ~ mos. ~ ds. In the State ~ yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence ~

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: Mar 24 1915

20-UNDERTAKER: Felix B. Pyfe

ADDRESS: 502 E Mulberry St

C83802 HEALTH DEPARTMENT---CITY OF BALTIMORE C83802

CERTIFICATE OF DEATH

113

4

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 763 W Lexington St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Bryce

(Residence in Baltimore: No. 763 W Lexington St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 22 (Day), 1851 (Year)

7-AGE: 64 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Georgia

PARENTS

10-NAME OF FATHER: John Hall

11-BIRTHPLACE OF FATHER (State or country): Georgia

12-MAIDEN NAME OF MOTHER: Jane Young

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda Yonge

(Address) 763 W Lexington

15- MAR 23 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Thursday, 1915, to, March 23 1915, that I saw h.r alive on March 22 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

..... (Duration) ..... yrs 18 mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... mos. ..... ds.

(Signed) Geo M Settle M. D.

3/23 1915 [Address] 2435 Md Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: March 24 1915

20-UNDERTAKER: Geo Tinley — ADDRESS: Fulton & Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83803

CERTIFICATE OF DEATH.

170 C83803

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 E York ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Ryan

(Residence in Baltimore: No. 42 E. York St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November, 1861
(Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Ryan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Tierney

(Address) Richmond Va.

15- Filed MAR 23 1915, 191. NAME & ADDRESS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza (Pneumonia)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. Sudden mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

March 23 1915. (Address) 5 E. York St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Mar. 23 1915
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83804

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 E. Preston ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Nugent

(Residence in Baltimore: No. 836 E. Preston St.; 63 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: James O'Neill

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Jane Fitzgerald

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Nugent

(Address) 836 E. Preston St.

15- Filed MAR 23 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1915, to March 22 1915, that I saw h[illegible] alive on March 21 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. [illegible] M. D.

3/22, 1915. (Address) 838 E. Preston.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, March 24 1915

20-UNDERTAKER H. C. Rudefuld — ADDRESS 914 Greenmount Ave.

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83803 C83805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hellin Robert Smith.

(Residence in Baltimore: No. 904 Williams St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 30, 1902 (Month) (Day) (Year)

7-AGE, 12 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School-boy.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, J. Harry Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edna Helena Sauerhoff.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joachim Sauerhoff

(Address) 904 Williams St.

15- Filed MAR 23 1915, 191.... ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said decedent came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Automobile - Struck by auto.

Crushing injuries & internal injuries -

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Thos. Scrivener M. D. (Coroner.)

March 20, 1915 (Address) 18 E. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 minutes In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, MAR 24 1915

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Lafayette

Spec.—8-24 M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83806

CERTIFICATE OF DEATH.

120 C83506

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Lamden ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Parks

(Residence in Baltimore: No. 1320 Lamden St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore, City

PARENTS.

10-NAME OF FATHER: Millard F. Negus

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Malachi Parks

(Address) 1320 Lamden St

15- Filed MAR 23 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1915, to March 20th 1915, that I saw her alive on March 20th 1915, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Chas. L. Dorsey M. D.

3/23/15, 191.. (Address) 1327 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: Lowden Park — DATE OF BURIAL, Mar 24, 1915

20-UNDERTAKER: John J. Cowan — ADDRESS: 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

683.807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 83807

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 860 W Pratt ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Fischer

(Residence in Baltimore: No. 860 W Pratt St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. May 10, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER. John Slough

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Fischer

(Address) 860 W Pratt St

15-MAR 24 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) yrs. mos. ds.

(Signed) J. Pfeffer M. D.
(Coroner.)

March 25, 191. (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar 26 19 15

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N Balto St

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S[illegible]—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83808

CERTIFICATE OF DEATH.

81 C83808

REGISTERED No. C[illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 24 N Milton ave 6 St., WARD)

2-FULL NAME Mary A Bell

(Residence in Baltimore: No. 24 N. Miltonave St.; 40 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Apr. (Day) ....., 1846 (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Barrett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Bell

(Address) 24 N. Miltonave

15- Filed MAR 23 1915, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1915, to March 21 1915, that I saw her alive on March 21 1915, and that death occurred, on the date stated above, at 5p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Speckmall M. D.

March 23, 1915. (Address) 2112 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westcatedral — DATE OF BURIAL, Mar 24., 191.5.

20-UNDERTAKER John A Moran — ADDRESS Bank[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83809

CERTIFICATE OF DEATH.

94 C83809

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 W. Fulton ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valaria D. Mc. Farland

(Residence in Baltimore: No. 1123 W. Fulton ave St.; 22 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 20th (Day) 1845 (Year)

7-AGE, 69 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Hanover Penna

PARENTS.

10-NAME OF FATHER, Justis W. Emmert

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Susan Gitt

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emanuel Atzrodt

(Address) 2103 Pinkney ave

15-

Filed MAR 23 1915, ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22nd (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 22 1915, that I saw h[illegible] alive on March 22 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Hypo-Static Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. C. Conser M. D.

3/22/15, 191... (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hanover Penna	March 24, 1915.
20-UNDERTAKER G. F. Wacker	ADDRESS Hanover Pa

Spec.—5-19-13—M. & T.—500 Bks.

C83810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 170 C83810

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 A Carey ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Demount

(Residence in Baltimore: No. 1313 A Carey St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December (Month) ..... (Day), 1870 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Demount

(Address) 1313 N Carey St

15- MAR 23 1915 ROBERT . KRAUTER, Filed ....., 191..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1915 (Year) X5

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1915, to March 21 1915, that I saw him alive on March 21 1915, and that death occurred, on the date stated above, at 9 15a m.

The CAUSE OF DEATH* was as follows:

Asthma

Bright's Disease

(Duration) 1 yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Decay

(Duration) 1 yrs. 1 mos. 22 ds.

(Signed) L. W. Kennard M. D.

March 22 1915. (Address) 108 Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Mar. 24, 1915

20-UNDERTAKER James H. Deming — ADDRESS 1203 Eastern

C83811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83811

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... 1628 Presstman st. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Booze,

(Residence in Baltimore: No. 1628 Presstman st. St.; yrs., 5 weeks, ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH,

.....Unknown....., 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....55.....yrs....?....mos...?....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farm hand,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Kent, sister,.....

(Address) 1628 Presstman street.....

15- Filed MAR 23 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.....22nd....., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....his.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

.....Pulmonary tuberculosis,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) .....M. D.
(Coroner.)

Mar. 23d., 191.5 (Address)....1103 Valley st.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.5..weeks.ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
.....Southern Maryland.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Lincoln	March 24 1915
20-UNDERTAKER	ADDRESS
James H Dennis	1302 Presstman

C83812

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C83812

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Arundel Apartments North Charles ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anne Williams White

(Residence in Baltimore: No. Arundel Apartments St.: 7 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	white	Single

6 DATE OF BIRTH December 1st, 1849 (Month) (Day) (Year)

7 AGE 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Rev John C. White.

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Smith Williams

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. White

(Address) 1726 N. Calvert St

15 Filed MAR 23 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 23rd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18th, 1915, to March 23rd 1915, that I saw her alive on March 23rd, 1915, and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Influenza & Bronchitis

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed), J. A. Bullard M. D.

March 23rd, 1915 (Address) 40 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cem — DATE OF BURIAL March 25, 1915

20 UNDERTAKER H W. Justice Sons Co — ADDRESS McCulloh & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83813

CERTIFICATE OF DEATH.

28 C83813

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lussie Rabinowitch

(Residence in Baltimore: No. 1525 E. Madison St.; 6 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov 13 (Month) (Day), 1883 (Year)

7-AGE. 31 yrs. 4 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15- Filed MAR 23 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15th 1914, to March 21st 1915, that I saw her alive on March 20th 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Kaufman M. D.

March 23d, 1915. (Address) 1731 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 3/24/1915

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83814

CERTIFICATE OF DEATH.

50 C83814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Light. ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Keys.

(Residence in Baltimore: No. 1830 Light St.; 66 yrs., 1 mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH February 14th, 1849. (Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Keys

(Address) 1830 Light St

15- Filed MAR 24 1915, 191... HARRY O. ANDREWS, Vital Records Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1915, to Nov. 21 1915, that I saw him alive on Nov 20 — 1915 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 1 yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza Jaundice

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A. L. Smith M. D.

Mar. 23, 1915. (Address) 1228 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, 3-24th, 1915

20-UNDERTAKER E. B. Harle

ADDRESS 115 E. West St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83815

C83815

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Riverside Ave St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Walters

(Residence in Baltimore: No. 1140 Riverside Ave. St. 46 yrs. 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 30th, 1868 (Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam. Eckert.

11-BIRTHPLACE OF FATHER (State or Country), Not known.

12-MAIDEN NAME OF MOTHER Adelaide Deal.

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Eckert

(Address) 1140 Riverside Ave

15- Filed MAR 24 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Mar. 24 1915, that I saw h[illegible] alive on Mar 23 1915, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. 1 mos. 1 ds.

(Signed) H. L. Burnett M. D.

Mar 24, 1915. (Address) 1228 N. Mad[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, 3—25, 1915.

20-UNDERTAKER E & B Hark ADDRESS 115 E Mad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83816 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 C83816

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Garrett Hospital ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edward Stein

(Residence in Baltimore: No. 2113 Ridgewood Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 19 (Day), 1913 (Year)

7-AGE, 1 yrs. 3 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John L. Stein

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Stein

(Address) 2113 Ridgewood

15- HARRY O. ANDREWS, Filed MAR 24 1915, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Spinal Meningitis

Meningitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David Weinberg M. D. (Coroner)

March 24th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 1 yrs. 5 mos. 7 ds.

Where was disease contracted, if not at place of death? 2113 Ridgewood Ave

Former or usual residence? 113 Ridgewood Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, March 26, 1915

20-UNDERTAKER, Robert Rohde & Son

ADDRESS 730 Cathedral

Spec.—5-19-13—M. & T.—500 Bks.

C83817 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C83817

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Lexington ST.: 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dorsey

(Residence in Baltimore: No. 10 E. Lexington St.: yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) X

6-DATE OF BIRTH, 1865 (Month) 1 (Day) (Year)

7-AGE, 47 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Wesley Downs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Downs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l Handley

(Address) 578 W. Biddle St

15- Filed MAR 24 1915 HARRY O. ANDREWS, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/22 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1915, to March 22 1915, that I saw h- alive on 3/20 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Chronic

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lee Ellis M. D.

3/23 1915 (Address) 924 Mad Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 3/24 1915

20-UNDERTAKER Saml T Handley & Bro — ADDRESS 578 W Biddle

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83818

CERTIFICATE OF DEATH.

1 20

C83818

REGISTERED NO. C.....

1-PLACE OF DEATH 49 Gloucester Ave

CITY OF BALTIMORE: (No. ..... ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara L. Seeley

(Residence in Baltimore: No. 239 S Stricker St.) St.; 27 yrs., 7 mos. 20 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... July (Month) 30 (Day), 1887 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 7 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Linus Davis

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md

12-MAIDEN NAME OF MOTHER Alberta Potts

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Seeley

(Address) 49 S Carrollton Ave

15- Filed MAR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1915, to March 21 1915, that I saw her alive on March 21 1915, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Bright's disease (Chronic)

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo F Young M. D.

March 22 1915 (Address) 1731 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Mar 24, 1915
20-UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C83819

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Poplar Grove St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Stumpf

(Residence in Baltimore: No. 920 Poplar Grove St.; ..... yrs., ... mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Mar (Month) 21 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos. 2 ds.	....hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Stumpf

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Bertha Isabelle Bradford

13-BIRTHPLACE OF MOTHER (State or Country), Balto, md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Henry Stumpf

(Address) ..... 920 Poplar Grove

15-Filed MAR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1915, to Mar 23 1915, that I saw h[illegible] alive on Mar 23 1915, and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

Mother had eclampsia
child 7½ month premature
very small
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Eclampsia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Thaband M. D.

Mar 24, 1915. (Address) 1003 Poplar Grove

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? 920 Poplar Grove

Former or usual residence 920 Poplar Grove

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 24, 1915

20-UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83820 C83820

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Fait's Ave ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Jones

(Residence in Baltimore: No. 1607 Fait's Ave St.; 60 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) 15th (Day), 1849 (Year)

7-AGE, 65 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Albert Jones

(Address) 1607 Fait's Ave

15- Filed MAR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March-18 1915, to March-23 1915, that I saw her alive on March-22- 1915, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ... yrs. ... mos. unknown ds.

(Signed) William H. Schwartz M. D.

3/23..., 1915 (Address) 1200 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... y. ... mos. ... d. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. First German United Evangelical Congregation of Balto

DATE OF BURIAL. March 25, 1915

20-UNDERTAKER Henry Horck Son

ADDRESS 1301 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83821

CERTIFICATE OF DEATH.

15 C83821

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1701 Patapsco ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Horning

(Residence in Baltimore: No. 1701 Patapsco St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 23, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... none
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Michael A. Horning

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary P Nagel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Horning

(Address) 1701 Patapsco

15-
Mar 24 1915 19 HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23, 1915 x5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23 1915, to Mar 23 1915, that I saw h[illegible] alive on Mar 23 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pressure on Cord

(Duration) ....yrs....mos....ds.

(Signed) R. L. Campbell M. D.

Mar 23, 1915. (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	3/25, 1915
20-UNDERTAKER	ADDRESS
J. F. McCully	39 S. Front

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83822 64 C83822

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Laura Walter

(Residence in Baltimore: No. Church Home & Inf. St. 82 yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: November (Month), (Day), 1832 (Year)

7-AGE: 82 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mt Gray
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Alphonse Walter

11-BIRTHPLACE OF FATHER (State or Country): St Domingo, France

12-MAIDEN NAME OF MOTHER: Rosa Rogers

13-BIRTHPLACE OF MOTHER (State or Country): Havre-de-Grace

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Ethel Gray

(Address): 1208 Madison Ave

15- Filed MAR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to March 23 1915, that I saw h[er] alive on March 22 1915, and that death occurred, on the date stated above, at 5 40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Nephritis

(Duration) Not Known yrs. mos. ds.

(Signed) W. Winfield Stone M. D.

3-23, 1915 (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 20 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: March 25 1915

20-UNDERTAKER: Stewart & Mowen Co — ADDRESS: 108 W Lafayette

U. S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83823 HEALTH DEPARTMENT—CITY OF BALTIMORE C83823

CERTIFICATE OF DEATH.

REGISTERED No. C 56

1-PLACE OF DEATH
CITY OF BALTIMORE: No. Maryland General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C. Armacost

(Residence in Baltimore: No. 209 West 25th St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 5th, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Musician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER James M. Armacost

11-BIRTHPLACE OF FATHER (State or Country). Baltimore County

12-MAIDEN NAME OF MOTHER Frances Leef

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. E. Tipton

(Address) Hamilton Station

15- Filed MAR 24 1915, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1915, to March 24 1915, that I saw him alive on March 24 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:
Alcoholic Intoxication
Delirium Tremens

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure 6 hours.

(Duration) ....yrs. ....mos. ....ds.

(Signed) Austin H. Hood M. D.

March 24 1915. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Md. General Hospital

At place of death ....yrs. ....mos. 5 ds. In the State 44 yrs. 5 mos. 11 ds.

Where was disease contracted if not at place of death? 209 West 25th Street Balto.

Former or usual residence 209 West 25th St. Balto.

19-PLACE OF BURIAL OR REMOVAL. Hampstead Md. DATE OF BURIAL. Mar. 24 1915.

20-UNDERTAKER Thos. Dickinson Sons ADDRESS Norrisan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83824 C83824

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E Federal St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M. Myers.

(Residence in Baltimore: No. 1103 E. Federal St.; Yrs. Mos. Ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 16, 1850
(Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph A. Ano.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Cole

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph T. Myers.

(Address) 1103 E. Federal St.

15- Filed MAR 24 1915, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 22 1915, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1915, to March 21 1915, that I saw her alive on Mch 21 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(Duration) X yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 5 yrs. X mos. 5 ds.

(Signed) O H Dorsam M. D.

Mch 23, 1915. (Address) 928 E Wood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	March, 191...
20-UNDERTAKER	ADDRESS
Lowe & Co.	502 E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83825

CERTIFICATE OF DEATH.

67 C83825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 N. Eden St.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscola Lula Geusbrecht

(Residence in Baltimore: No. 1114 N. Eden St.; 22 yrs., 4 mos. 22 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 26 (Day), 1892 (Year)

7-AGE, 22 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Oscar E. Geusbrecht

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Georgianna Brigham

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Etta Geusbrecht

(Address) 1114 N. Eden St.

15- MAR 24 1915 Filed, 191 HARRY G. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15, 1915, to March 22 1915, that I saw h[er] alive on March 21 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Paresis (General)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis of Muscles of respiration & Deglutition

(Duration) yrs. mos. 1 ds.

(Signed) Jas. M. Driscoll M. D.

March 23, 1915. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, 24 V 1915

20-UNDERTAKER Hill Cook ADDRESS 502 E. W. ave

Spec.—5-19-13—M. & T.—500 Bks.

C83826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83826

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 E. North ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Stengesteiner

(Residence in Baltimore: No. 1236 E. North ave St.; ? yrs., 1 mos. 8ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 4 (Day), 1838. (Year)

7-AGE, 76 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unk

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unk

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. L. Johnson

(Address) 1734 E. North ave

15-

Filed MAR 24 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1915, to March 21, 1915, that I saw her alive on March 21, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

a) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) yrs. 1 mos. ds.

(Signed) G. G. Kirk M. D.

March 22, 1915. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, 3/25, 1915

20-UNDERTAKER Wm Cook ADDRESS 5816 No ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83827

CERTIFICATE OF DEATH.

142 C83827

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hymans Estate ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chriscella E Robinson

(Residence in Baltimore: No. Hymans Estate 29th St. Charles St.; 1 yrs., ...mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 31, 1898 (Month) (Day) (Year)

7-AGE, 16 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Alex Robinson

11-BIRTHPLACE OF FATHER (State or Country), Gloucester Va

12-MAIDEN NAME OF MOTHER Frances Allen

13-BIRTHPLACE OF MOTHER (State or Country), Suffolk Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Robinson

(Address) Hymans Estate

15- Filed MAR 24 1915 191.. ISAAC D. ADLER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1914, to March 23 1915, that I saw h. alive on March 23 1915 and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Asthma, Dropsy

(Duration) yrs. 9 mos. 3 ds.

CONTRIBUTORY (Secondary) Gangrene

(Duration) yrs. 1 mos. 14 ds.

(Signed) G W Kennard M. D.

March 191 5 (Address) 708 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Gloucester Va	3/25, 191..
20-UNDERTAKER Saml F Hundley	ADDRESS 578 W Ba

C83828

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83828

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 826 Hollins St. St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME J. Walter Williams

(Residence in Baltimore: No. 826 Hollins St St.: ... yrs. 6 mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mall

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 3 (Month) 20 (Day), 1862 (Year)

7 AGE: 53 yrs. — mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Hardwood Finisher
(b) General nature of industry, business, or establishment in which employed (or employer): Employed

9 BIRTHPLACE (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: do not Know

11 BIRTHPLACE OF FATHER (State or country): Do not Know

12 MAIDEN NAME OF MOTHER: do not Know

13 BIRTHPLACE OF MOTHER (State or country): do not Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J Fahey

(Address) 404 W. Balto st

MAR 24 1915

Filed ..... 191 5 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 3 (Month) 24 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 24th, 1915, to March 24th 1915, that I saw h[illegible] alive on March 23d, 1915, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute-right-side)

(Duration) ... yrs. ... mos. 5 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Kelly M. D.

March 24, 1915 (Address) 205 Linwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Richmond Va

DATE OF BURIAL: Mar 24, 1915

20 UNDERTAKER: John J Fahey & Son

ADDRESS: 1318 Light St

Spec.—8-24-14—M. & T.—2000 Pks.

(Lay)

C83829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C83829

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 723 St Paul ST. 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Henrietta Campbell Lay X

(Residence in Baltimore: No. 723 St Paul ST. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: February 21st, 1832 (Month) (Day) (Year)

7-AGE: 83 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Montgomery, Ala.

PARENTS.

10-NAME OF FATHER: John A. Campbell

11-BIRTHPLACE OF FATHER (State or Country): Georgia

12-MAIDEN NAME OF MOTHER: Anne Esther Goldthwaith

13-BIRTHPLACE OF MOTHER (State or Country): New Hampshire

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A. Coulter

(Address) 3 N. Calvert St.

15- Filed MAR 24 1915 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1914, to March 1915, that I saw h[er] alive on March 23 1915, and that death occurred, on the date stated above, at 4.50 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

of

many

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Senile

(Duration) yrs. mos. ds.

(Signed) C. B. Gamble M. D.

March 23rd 1915. (Address) Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 3-25, 1915

20-UNDERTAKER, J. W. Jenkins Son Co — ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 C83830

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Perrin

(Residence in Baltimore: No. Dawson, Ga St.; ....yrs., ...mos. ....da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day); 1907 (Year)

7-AGE, 17 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Texas

PARENTS.

10-NAME OF FATHER, Joseph Perrin

11-BIRTHPLACE OF FATHER (State or Country), U.S

12-MAIDEN NAME OF MOTHER Lizzie Unknown

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Perrin

(Address) Dawson Ga.

15- FILED MAR 24 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1914, to March 24 1915, that I saw h[e] alive on March 24 1915, and that death occurred, on the date stated above, at 9.00 a. m.

The CAUSE OF DEATH* was as follows:

Glioma of Cerebellum

(Duration) 3 yrs. 6 mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) M. B. Levine M. D.

March 24, 1915 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 4 mos. ....da. In the State ....yrs. 4 mos. ....da.

Where was disease contracted, if not at place of death? Home

Former or usual residence Dawson, Ga.

19-PLACE OF BURIAL OR REMOVAL, Mt Sinai Cem

DATE OF BURIAL, Mar 25 1915

20-UNDERTAKER Post & Sloop

ADDRESS 1053 N Dallas St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83631

CERTIFICATE OF DEATH.

15 V C83631

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Ann ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby of Abe and Sophia Mofsonitz

(Residence in Baltimore: No. 27 S. Ann St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 24 (Day), 1915 (Year)

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Abe Mofsonitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sophia Balser

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Balto St

15- Filed MAR 24 1915, 191... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to March 24 1915, that I saw her alive on March 24 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Prolonged 2nd Stage of Labor (Instrumental Forceps Used) Head of Child - Large Child - Difficult Delivery of Shoulders - Compression of Cord ..... (Duration) ..... yrs. ..... mos. ..... ds. 2 hours

CONTRIBUTORY (Secondary) Asphyxia ..... (Duration) ..... yrs. ..... mos. ..... ds. 10 or 15 minutes

(Signed) Alfred Whitehead M. D.

March 24 1915 (Address) 1243 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harlem circle Mt Harmel Rd. | DATE OF BURIAL, 3/25, 1915

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E·T·Y

C83632

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83832

CERTIFICATE OF DEATH.

59

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 123 Richmond St. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Pearl Williams

(Residence in Baltimore: No. 704 Madison Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 26 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Ben. Williams.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fannie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. P. Williams (Brother)

(Address) Harrisonburg Va.

15- MAR 24 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ..... 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19..., 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Haldeman M. D. (Coroner.)

March 24, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Harrisonburg, Rockingham Co. Va.

DATE OF BURIAL, March 25th, 1915.

20-UNDERTAKER Felix B. Pyle

ADDRESS 102 E. Mulberry St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

083833

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 083833

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1912 Eutaw Place ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Rebecca L. Strohmeyer

(Residence in Baltimore: No. 1913 Eutaw Place St.; 40 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 9, (Month) (Day) 1855 (Year)

7-AGE: 60 yrs. ..... mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House maid
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Geo Strohmeyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Strohmeyer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Thomas P. Strain

(Address) 1912 Eutaw Place

Filed MAR 24 1915, 191

ROBERT J. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 24 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 84, 1914, to March 24th 1915, that I saw h84 alive on March 23rd, 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) 18 hours. yrs. ..... mos. ..... ds

Contributory (SECONDARY) Peterosclerosis Nephritis (Duration) several years. yrs. ..... mos. ..... ds.

(Signed) Wm Tyce Mills M. D.

March 24th 1915. (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Mch 26, 1915

20-UNDERTAKER: John E. Hough Co — ADDRESS: 1422 Penna Ave

C83834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 - 14 C83834

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 Mc Elderry ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Mason

(Residence in Baltimore: No. 1108 Mc Elderry St.; yrs., unknown mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Shaffner

(Address) 1108 Mc Elderry

15- Filed MAR 24 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) Elijah J. Marshall M. D. (Coroner.)

March 24, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Burial	March 25, 1915

20-UNDERTAKER Van Cook ADDRESS 502 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be filled EXACTLY. If DURATION of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83835

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 V C83835

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Duval

(Residence in Baltimore: No. 1404 W Lexington St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Wht

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Montgomery Co Md

PARENTS

10-NAME OF FATHER Floyd Duval

11-BIRTHPLACE OF FATHER (State or country) Montgomery Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Wyvil

13-BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alex J Imes

(Address) J Matron

15- Filed MAR 24 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1915, to, March 23 1915, that I saw h.. alive on March 23 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

Accident Stumbled and

Fell in Bath Room (Duration) yrs ..... mos. 4 ds.

Contributory (SECONDARY) Fracture Neck of Femur

(Duration) yrs ..... mos. 4 ds.

(Signed) W Norwood M. D.

March 24, 1915 [Address] Bayview

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mount Olivet Cem

DATE OF BURIAL Mar 25 1915

20-UNDERTAKER 109 J Smith

ADDRESS 1000 E. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83836

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83836

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 769 W Saratoga St. 4 WARD)

Registered No. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P Brown

(Residence in Baltimore: No. 769 W Saratoga St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 31, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin J Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary L. Sample

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J Brown

(Address) 769 W Saratoga

15- MAR 24 1915 Filed....., 191.... ROBERT . KRAUSE, Actual Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Mch 24, 1915 (Address) 1113 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, St. Peters — DATE OF BURIAL, Mch 25, 1915

20-UNDERTAKER John H Tradin — ADDRESS 142 Westfall

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83837

CERTIFICATE OF DEATH.

29 C83837

1-PLACE OF DEATH 1400 Gough St. REGISTERED NO. C

CITY OF BALTIMORE: (No. S. E. cor Gough & Eden St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tirtzel Bloom

(Residence in Baltimore: No. S E cor Gough & Eden St St.: 10 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 24, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levis

(Address) 1419 E Balto St

15- Filed MAR 24 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1914, to March 27 1915, that I saw her alive on March 24 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatitis & Nephritis

(Duration) yrs. mos. 15 ds.

(Signed) Myer A Wamboss M. D.

March 27, 1915. (Address) 1604 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 3.25., 1915

20-UNDERTAKER Joeh Levis

ADDRESS 1419 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83838

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83838

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 802 W Mulberry ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Dever

(Residence in Baltimore: No. 802 W Mulberry St., ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 12 (Day), 1850 (Year)

7-AGE, 64 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Distiller
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Frederick Dever

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER — Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. Dever

(Address) Gardenville Md

15- MAR 25 1915 Filed....., 191... MARY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said C (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Organic heart disease
(Duration)...yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Chr. Inter. nephritis
(Duration)...yrs.....mos.....ds.

(Signed) J. B. Soper M. D.
(Coroner)
Mch 24 191 5 (Address) 714 S. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lancaster Pa.	Mar. 26 '15
20-UNDERTAKER	ADDRESS
Fred A. Krause	703 H

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83839 — 92 — C83839

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hurwitz Hospital St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Stephenson

(Residence in Baltimore: No. 132 S Gilmore St St.; 55 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 22, 1851
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 1 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Railroad Conductor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Daniel Stephenson

11-BIRTHPLACE OF FATHER (State or Country). U.S.A.

12-MAIDEN NAME OF MOTHER Cornelia Bates

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Stephenson

(Address) 220 S. Gilmore

15- Filed MAR 25 1915, 191.... Harry O. Andrews, Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 20 1915, to Mch 23 1915, that I saw h— alive on Mch 23 1915, and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(Duration)....yrs....mos....4....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) C Reid Edwards M. D.

Mch 23, 1915 (Address) Hurwitz Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State 55 yrs....mos....ds.

Where was disease contracted, if not at place of death? Brunswick, Md.

Former or usual residence 131 S Gilmor St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Parkem	March 26, 1915
20-UNDERTAKER	ADDRESS
Robert Brookes Son Co	718 Calhoun St

Spec.—5-19-13—M. & T.—500 Bks.

C83840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83840

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 N Calvert ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie A Talbott

(Residence in Baltimore: No. 2503 N. Calvert St

St.: 7 yrs., 5 mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, May (Month) 22nd (Day), 1857 (Year)

7-AGE.	If LESS than 1 day,
57 yrs. 10 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Woodford Co. Kentucky

PARENTS.

10-NAME OF FATHER, Jesse C. Hall

11-BIRTHPLACE OF FATHER (State or Country), Lexington, Ky

12-MAIDEN NAME OF MOTHER Elizabeth Felix

13-BIRTHPLACE OF MOTHER (State or Country), Woodford Co. Ky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mattie M. Hall

(Address) Lexington Ky

15-
MAR 25 1915
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 191[illegible], to March 25th 1915, that I saw h[illegible] alive on March 24th 1915, and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia occurring in conjunction with an attack of uraemia secondary to chronic nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) 3 yrs. — mos. ....ds.

(Signed) Wm. M. Dabney M. D.

March 25th, 1915. (Address) Reaston Balt Co Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lexington Ky. DATE OF BURIAL, March 25, 1915

20-UNDERTAKER, E. W. Mitchell ADDRESS 1308 W. Fayette St.

C83841 HEALTH DEPARTMENT--CITY OF BALTIMORE C83841

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1102 Wilmer Alley ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Freeman

(Residence in Baltimore: No. 1102 Wilmer Alley; (Balto St.) 30 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) (Day) 1881 (Year)

7-AGE: 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): North Carolina

PARENTS

10-NAME OF FATHER: Alfred Freeman

11-BIRTHPLACE OF FATHER (State or country): North Carolina

12-MAIDEN NAME OF MOTHER: Lucy Deegans

13-BIRTHPLACE OF MOTHER (State or country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Howard

(Address) 1102 Helmer Alley

MAR 25 1915. HARRY O. ANDREWS, Burial Permit Clerk.

Filed , 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23 1915, to March 23 1915, that I saw him alive on March 23 1915, and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

1 Pleurisy with effusion

History given me by attending Surgeon (Duration) yrs. 21 mos. ds.

Contributory (SECONDARY) Suspected tuberculosis Gangosis (Duration) yrs. ? mos. ? ds. ?

(Signed) John C Stewart M. D.

March 23 1915 (Address) 1003 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/25 1915

20-UNDERTAKER: Samuel F Hensley

ADDRESS: 578 W Fayette

Spec.—5-19-13—M. & T.—500 Bks.

C83842

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C83842

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Isabell Loy

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs. 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 25th (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
yrs. 8 mos. 25 ds.	hrs. or mIn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St.

15-

Filed MAR 25 1915 HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11th 1915, to March 23 1915, that I saw her alive on March 23 1915, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-colitis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard M. C. Parker M. D.

March 27., 1915. (Address) 825 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 25 ds. In the State yrs. 8 mos. 25 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Mar 25, 1915
20-UNDERTAKER	ADDRESS
H. M. Gauntt	Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-12-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83843

CERTIFICATE OF DEATH.

5 92

C83843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Forman

(Residence in Baltimore: No. 102 N Eden St.: 10 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cap maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Forman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Forman

(Address) Russia

15-
Filed MAR 25 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24, 1915, to March 25 1915, that I saw him alive on March 25, 1915, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumococcus Septicaemia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) M. B. Levin M. D.

3/25, 191.5 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 15 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 102 N. Eden St.

Former or usual residence 102 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cem. McCamed Rd. | DATE OF BURIAL, March 25 1915.

20-UNDERTAKER S. Levin & Bro. | ADDRESS 1107 E Balto St

C83844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 C83844

REGISTERED NO. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 2088 N. Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theadore Wright
(Residence in Baltimore: No. 2088 N. Bruce St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1910 (Year)

7-AGE, 5 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Willis Wright

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Grace Hill

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Grace Hill
(Address) 208 N. Bruce st.

15-
Filed MAR 25 1915 HARRY O. ARNOLD, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns House afire
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. Weinberg (Coroner.) M. D.
March 24 1915. (Address) 2307 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn
DATE OF BURIAL, Mar 25 1915

20-UNDERTAKER Wilbut Brown
ADDRESS 414 d Mount st.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83845

HEALTH DEPARTMENT—CITY OF BALTIMORE

166

CERTIFICATE OF DEATH.

C83845

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 208 N. Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Wright

(Residence in Baltimore: No. 208 N. Bruce St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1911 (Year)

7-AGE, 4 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Willis Wright

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Grace Hill

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Hill

(Address) 208 N. Bruce st.

15- MAR 25 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns / House afire

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Bunting, Coroner M. D.

March 24 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 25 1915
20-UNDERTAKER Wilbut Brown	ADDRESS 1114 Mount st.

C83846 HEALTH DEPARTMENT--CITY OF BALTIMORE 66 C83846

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1431 W Lanvale ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia A. Pastuer

(Residence in Baltimore: No. 1431 W. Lanvale St.: 25 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan 26th, 1835 (Month) (Day) (Year)

7-AGE: 80 yrs. 1 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): New Jersey

PARENTS

10-NAME OF FATHER: David. Boyer

11-BIRTHPLACE OF FATHER (State or country): New Jersey

12-MAIDEN NAME OF MOTHER: Lydia Skinner

13-BIRTHPLACE OF MOTHER (State or country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Annie Pastuer

(Address) 1431 W Lanvale St

15. Filed MAR 25 1915, 191 — MARRI O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 24th 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 8th 1915, to Mch 24 1915, that I saw h[illegible] alive on March 24 1915, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (R. Side, 2 Strokes)

..... (Duration) ..... yrs. ..... mos. 16 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marshall S. Smith M. D.

Mch 25, 1915 (Address) 118 N Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar 27th 1915

20-UNDERTAKER: G. F. Walker — ADDRESS: 323 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83847 50 C83847

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Harmon

(Residence in Baltimore: No. 930 S. Paca St.; 23 yrs. — mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write~~ the word.) Single

6-DATE OF BIRTH, March 12 (Month), 12 (Day), 1892 (Year)

7-AGE, 23 yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hat-maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Harmon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Grady

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed MAR 25 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23 (Month), 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to March 23 1915, that I saw him alive on March 23 1915, and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) 7 yrs. — mos. — ds.

(Signed) Hawkins Davis-Jones M. D.

March 23, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 23 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 930 S. Paca St.

19-PLACE OF BURIAL OR REMOVAL, Dist. Catholic Cem. DATE OF BURIAL, Mar. 26, 1915

20-UNDERTAKER, Jos. B. Egan & Son ADDRESS 1000 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

C83848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83848

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William A. Murphy

(Residence in Baltimore: No. 1607 N. Dallas St.; 75 yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 21 (Day), 1839 (Year)

7-AGE, 75 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Jesse D. Murphy

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Regina Fetzinger

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Murphy

(Address) 1607 N. Dallas St.

15- MAR 25 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 1915, to Mar 23 1915, that I saw h[illegible] alive on Mar 23 1915, and that death occurred, on the date stated above, at 3,30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchie Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) J. Walter Thomas M. D.

Mar 24 1915 (Address) 1726 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, Mar 26, 1915

20-UNDERTAKER Robt Brooks Son & Co

ADDRESS Calhoun & Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83849

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

C83849

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2676 Orleans ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Doran

(Residence in Baltimore: No. 2676 Orleans ave St.: 20 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 17 (Day), 1855 (Year)

7-AGE: 60 yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Night watchman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Vermont

PARENTS

10-NAME OF FATHER: Ireland arthur Doran

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Anna Burns

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marguerite Doran

(Address) 2676 Orleans Ave

15 Filed MAR 25 1915, 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1915, to March 24 1915, that I saw him alive on March 23, 1915, and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Asa L Wessels M. D.

March 24 1915 (Address) 2565 Frederick av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: March 27, 1915

20-UNDERTAKER: Wm B Brothers — ADDRESS: 2 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C83850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C83850

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1172 Sargent ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merrick Pratt

(Residence in Baltimore: No. 1172 Sargent St.; ... yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Exact date unknown, (Month) (Day) 1847 (Year)

7-AGE, 68 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer but
(b) General nature of industry, business, or establishment in which employed (or employer): have not worked for the 3 years

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, John Pratt

11-BIRTHPLACE OF FATHER (State or Country), Wunsey Pa.

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Wunsey Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christie Pratt

(Address) 1172 Sargent St

15-

Filed MAR 25 1915, 191... Henry O. Allen, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...,
that I saw him alive on Mar. 23, 191 5,
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. ... mos. 20 ds.

(Signed) E. P. Burton M. D.

Mar 25, 1915 (Address) 1711 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL. Mar. 26, 1915

20-UNDERTAKER Geo. J. Cowan & Son

ADDRESS 901 Hollins St

C83851

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

C83851

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1331 Bayard St. 21 WARD)

2-FULL NAME Mary E. Johnson

(Residence in Baltimore: No. 1331 Bayard St.; 14 yrs. mos. ds.)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Thomas Johnson

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Dorsey Brown

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Johnson

(Address) 1331 Bayard St

15. MAR 25 1915 191 HARRY O. ANDREAE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar, 1915, to Mar 23 1915; that I saw h-- alive on Mar. 22, 1915; and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Pleurisy with effusion

(Duration) yrs. 1 mos. ds.

(Signed) J. Morley Hoey M. D.

Mar 25, 1915 (Address) 172 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Don't Know

19-PLACE OF BURIAL OR REMOVAL: Mt Lebanon — DATE OF BURIAL: Mar 25, 1915

20-UNDERTAKER: John F. Howard & Co. — ADDRESS: 701 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83852

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83852

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 510 Callendar ST.: 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Grant Berry

(Residence in Baltimore: No. 510 Callendar St.; yrs., mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. March 17th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Julius Berry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennie Sales

13-BIRTHPLACE OF MOTHER (State or Country), Kansas City Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Berry

(Address) 510 Calendar St.

15- MAR 25 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Wamberg M. D.
(Coroner.)

March 27 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Mar 25th, 1915.

20-UNDERTAKER Geo. Keller

ADDRESS 1200 W. Fayette

C83853

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

87 C83853

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Smith

(Residence in Baltimore: No. 1211 N. Gilmor St.; ..... yrs. ..... mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Child

6-DATE OF BIRTH: Mar (Month) 7 (Day), 1915 (Year)

7-AGE: ..... yrs. 17 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Wm Smith

11-BIRTHPLACE OF FATHER (State or country): Baltimore md

12-MAIDEN NAME OF MOTHER: Lillian Conn

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Wm Smith

(Address): 1211 Gilmor St.

MAR 25 1915 Filed ..... 191 HARRY O ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1915, to, Mar 24, 1915, that I saw h[illegible] alive on Mar 25 1915, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Laryngismus Stridulus

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), W. C. Daily M. D.

3/24 191[illegible] [Address] 1953 N Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 3/27 191[illegible]

20-UNDERTAKER: [illegible] Cook — ADDRESS: [illegible] E. N. Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83854 HEALTH DEPARTMENT—CITY OF BALTIMORE C83854

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1309 N. Fremont Ave St.) 17 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Baby" Elliott

(Residence in Baltimore: No. 1309 N. Fremont Ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 22, 1915
(Month) (Day) (Year)

7-AGE, ✓ yrs. ✓ mos. ✓ ds.
If LESS than 1 day. 40 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Child.
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland. City

PARENTS.

10-NAME OF FATHER, Walter H. Elliott

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mattie M Jelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Walter H. Elliott
(Address) 1309 N. Fremont Ave

15 MAR 25 1915 Board of Awards,
Filed ... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1915, to Mar 23 1915, that I saw h er alive on Mar 23 1915, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Infantile Atrophy

(Duration) ... yrs. ... mos. ✓ ds.

CONTRIBUTORY (Secondary) Uterine Gestation

(Duration) ... yrs. 7 mos. ... ds.

(Signed) Paul Brown M. D.

Mar. 23 1915. (Address) 837 Towsend Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion — DATE OF BURIAL, Mar 25, 1915

20-UNDERTAKER James H. Dennis — ADDRESS 824 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C83855

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Duncan St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Musil

(Residence in Baltimore: No. 115 N Duncan St St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. 5, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER. Anton Dworan

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Anna — ? Austria

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Musil (son)

(Address) 419 N Castle St

15- MAR 25 1915 HARRY O ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1913, to March 24 1915, that I saw her alive on March 23 1915, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 2 ds.

(Signed) Emil Krump M. D.

March 25, 1915. (Address) 523 N Paul Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem. DATE OF BURIAL. Mar 26 1915

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83856

CERTIFICATE OF DEATH.

91 C83856

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N Curley ST.) 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Calderone (Stella Calderone)

(Residence in Baltimore: No. 25 N. Curley St St.; yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR ~~RACE~~, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 27, 1914
(Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER, Leo Calderone

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Iacco

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Octavio Di Matteo

(Address) 623 S. Third St

15-

Filed MAR 25 1915, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 21 1915, to March 24 1915, that I saw h-er alive on March 24 1915, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Wharton M. D.

March, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem — DATE OF BURIAL, March 25, 1915

20-UNDERTAKER Tilly & Zirkin — ADDRESS 4038 Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83857

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C83857

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 701 S. Charles ST. 23 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Abel

(Residence in Baltimore: No. 701 S. Charles St. St.; 28 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): ~~Married~~ /

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Maurice Abel

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Dora Abel

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Abel

(Address) 701 S. Charles St

MAR 25 1915 Filed . 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1915, to, March 25 1915, that I saw h.m. alive on March 25, 1915, and that death occurred, on the date stated above, at 11-30 a. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY): Uraemia a few hours

(Duration) yrs. mos. ds.

(Signed), Israel D. Smith M. D.

March 25, 1915 (Address) 1126 Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Petrew Washington Rd

DATE OF BURIAL: March 26, 1915

20-UNDERTAKER: S. Levinson & Bro

ADDRESS: 101 E Balto St

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83858 — PLACE OF DEATH

C83858 — REGISTERED No. C

CITY OF BALTIMORE (No. 2736 E Baltimore St. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Agnes Rosenberger

(Residence in Baltimore: No. X Wichita Kansas St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar. 3rd, 1857 (Month) (Day) (Year)

7 AGE: 58 yrs. – mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Antone Klein

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Rosenberger

(Address) 2736 E. Baltimore St.

15 Filed MAR 25 1915, 191 — CLERK OF ANCILLARY, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 24, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1915, to March 24 1915,
that I saw her alive on March 24, 1915,
and that death occurred, on the date stated above, at 12 45 P.M.
The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Fatty Degeneration of the heart

(Duration) 1 yrs. mos. ds.

(Signed) A. C. Bracken M.D.

March 24, 1915 (Address) 2608 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Wichita, Kansas — DATE OF BURIAL: Mar 26th, 1915

20 UNDERTAKER: John A. Moran — ADDRESS: Banks & annex

C83859

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83859

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1417 Central Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dwen

(Residence in Baltimore: No. 1417 N. Central Ave, St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	widowed

6-DATE OF BIRTH: Dec. (Month) 15 (Day) 1835 (Year)

7-AGE: 79 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James F Dwen

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Martha Gordon

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno F Dwen

(Address) 1421 N Cent Av.

15- MAR 25 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1915, to, March 23 1915, that I saw h.im alive on March 23 1915, and that death occurred, on the date stated above, at 6P. m.

The CAUSE OF DEATH* was as follows:

Old Age —

(Duration) unknown yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arterio-Sclerosis, Weak Heart

(Duration) unknown yrs. ..... mos. ..... ds.

(Signed), William J Watson M. D.

March 25, 1915. [Address] 2128 St Paul St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Long Green Md — DATE OF BURIAL: Mar 26, 191 5

20-UNDERTAKER: Robt J Sinna — ADDRESS: 1442 N Bdway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83860

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C83860

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cowgo Ave & Reisterstown Rd ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Althews F Cramer

(Residence in Baltimore: No. Cowgo Ave & Reisterstown Road St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (Write the word): 4 yrs widowed

6-DATE OF BIRTH: March (Month) 20 (Day), 1849 (Year)

7-AGE: 66 yrs. ... mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Eli Cramer

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Mary Forman

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D H & C H Cramer

(Address) Cowgo Ave & Reisterstown Road

15-Filed MAR 25 1915, 191 ROBERT . ERAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1915, to March 23 1915
that I saw him alive on March 22, 1915
and that death occurred, on the date stated above, at 11.20 P.M.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Arterial Hemorrhage

(Duration) ... yrs. ... mos. 20 ds.

(Signed) G. H. Berkley M. D.

March 24, 1915 (Address) 126 N Belnord Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 26, 1915

20-UNDERTAKER: Ehrenworth & Son — ADDRESS: 3615-17 Eastend Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE, 1915

C83861

CERTIFICATE OF DEATH.

C83861

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 4

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Corbin

(Residence in Baltimore: No. Baineville Md Balto Co St.: ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... July (Month) 5 (Day), 1850 (Year)

7-AGE, 64 yrs. 5 mos. 19 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farm Labor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joshua Corbin

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Mary Evans

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Corbin Jr

(Address) Jordan Md

15- Filed MAR 25 1915, 19.. ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1915, to Mar 24 1915, that I saw h[illegible] alive on Mar 24 1915, and that death occurred, on the date stated above, at 12:10 P.M.

The CAUSE OF DEATH* was as follows:

a Pneumonia Interstitial Nephritis

.....

.....

..... (Duration)....9 yrs....9 mos....9 ds.

CONTRIBUTORY (Secondary) Uremia Tubal Paralysis

[illegible] (Duration).....yrs.....mos....3 ds.

(Signed) B. H. [illegible] M. D.

Mar 24, 1915. (Address) Univ Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State 64 yrs....mos....ds.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence Baineville Md Balto Co

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Providence Cemetery	March 26th, 1915
20-UNDERTAKER	ADDRESS
Frederick Carsalade	Fallston Md

C83862

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

GV C83862

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Cross ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Simms

(Residence in Baltimore: No. 517 W Cross st St.; 71 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colord	maried

6-DATE OF BIRTH: unknown (Month) (Day), 1844 (Year)

7-AGE: 71 yrs. X mos. X ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): annoplis Md

PARENTS

10-NAME OF FATHER: john Cromwell

11-BIRTHPLACE OF FATHER (State or country): annaplis Md

12-MAIDEN NAME OF MOTHER: amelia Cromwell

13-BIRTHPLACE OF MOTHER (State or country): annoplis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Sims

(Address) 517 W. Cross St

15 Filed MAR 25 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 24 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 191 5, to, March 24 1915, that I saw h.. alive on March 23 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) X yrs. X mos. 3 ds.

Contributory (SECONDARY) Cardiac Failure

(Duration) X yrs. X mos. 1 ds.

(Signed) E S Ellis M. D.

March 24, 191 5 [Address] 915 Light st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

[illegible] ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
annoplis Md	March 26, 1915
20-UNDERTAKER	**ADDRESS**
John H Owens	1222 Druid st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83863 × 108 C83863

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Budd

(Residence in Baltimore: No. St Jos. Hospital St.; .....yrs., ...mos. .....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Sept 20th, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Josephs Hospital

(Address) W. Baltimore St

15- FILED MAR 25 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to March 25 1915, that I saw h[illegible] alive on March 25 1915, and that death occurred, on the date stated above, at 4.40 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Gangrenous Appendicitis

..... (Duration) ..... yrs. ..... mos. 13 ds.

(Signed) Wm R. Geraghty M. D.

March 25, 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State 54 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Hausken, Scales County, Miss

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Md	Mar. 26, 1915
20-UNDERTAKER	ADDRESS
Wm M. Gaughty	908 N. North Ave

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

C83864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 X C83864

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Bethel St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C May

(Residence in Baltimore: No. 110 S Bethel St.

St.; 65 yrs., 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 25 (Day), 1849 (Year)

7-AGE, 65 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Christian Aurty

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad B May

(Address) 110 S. Bethel St

15- MAR 26 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 13 1915, to Mar 24 1915, that I saw her alive on Mar 23 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

(Duration) about 2 yrs. 3 mos. ds.

(Signed) A. L. Grantham M. D.

Mar 25 1915 (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, March 23 1915

20-UNDERTAKER Wendell Hepperd Son

ADDRESS 37 S Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E D·A·K

Spec.—8-24-14—M. & T.—2000 Bks.

C83865

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C83865

CERTIFICATE OF DEATH.

REGISTERED No. C [illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Cor Edmondson & Fulton Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Imogene Frances Young

(Residence in Baltimore: No. 926 Cor Edmondson & Fulton Ave St.; 34 yrs., — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 11, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Carpe
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Georg Koons

11-BIRTHPLACE OF FATHER (State or Country), V.

12-MAIDEN NAME OF MOTHER Emily Pyles

13-BIRTHPLACE OF MOTHER (State or Country), V.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Geo E Young

(Address) Monument Ave & City

15- Filed MAR 26 1915, 191... Registrar. [illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1915, to March 25 1915, that I saw her alive on March 24, 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

1. Rheumatism & Ac cere-
bral Effusion
(Duration) .... yrs. .... mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion
(Duration) .... yrs. .... mos. 3 ds.

(Signed) John Hood M. D.

March 26, 1915 (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, March 27, 1915

20-UNDERTAKER Wm. Edmondson | ADDRESS Norman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83866

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C83866

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 528 N. Stricker st. St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Albrecht,

(Residence in Baltimore: No. 1836 Wilhelm St. St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widowed,

6-DATE OF BIRTH, September (Month) 1st (Day), 1852. (Year)

7-AGE, 62 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothea I. Bell, daughter

(Address) York Haven, Pennsylvania.

15- Filed MAR 26 1915, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sclerosis Coronary Arteries,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 3 yrs. mos. ds.

(Signed) Fredrick Kimpel M. D.
(Coroner.)

Mar. 26, 191 5. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem	Mar 27 1915

20-UNDERTAKER ADDRESS

T O Hickman Steelton North 4th Penn

C83867

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

138 C83867

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Oak St. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lola D. Fried

(Residence in Baltimore: No. 2228 Oak St. St.; \ yrs. \ mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May (Month) 19 (Day) 1895 (Year)

7-AGE: 19 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Middletown Md.

PARENTS

10-NAME OF FATHER: Geo C. Cardner

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie E. Bidle

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Geo. C. Gardner

(Address) 248 W. Hoffman St.

15- MAR 26 1915 (Date) 191.. HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch 25 (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 24, 1915, to Mch 26 1915, that I saw h.r alive on Mch 25 1915, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Eclampsia
Two hours
(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY): Pregnancy
(Duration) ..... yrs ..... mos. ..... ds.

(Signed) L A Nicholson M. D.

Mch 26 1915 [Address] 1120 N. 25th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Middletown Md DATE OF BURIAL: Mar. 27, 1915

20-UNDERTAKER: H. S. Marshall ADDRESS: 3529 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Stee.—5-19-13—M. & T.—500 Blks.

C83868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C83868

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Wolfe ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cassidy

(Residence in Baltimore: No. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. ..... Month (Month) 24 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	....hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Cassidy

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Foy

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR 26 1915, 191... Robert O. Archer, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to March 24 1915, that I saw h im alive on March 24 1915, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia lobar, Septicemia

Contributory

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Thos. A Rutledge M. D.

3/24/24 1915. (Address) 106 Jackson Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAR 28 1915
20-UNDERTAKER Commissioner Health,	ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

C83869

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83869

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Harford Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Kaufmann

(Residence in Baltimore: No. 2201 Harford Ave St.; about 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 19, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Collector

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ambrose Kaufmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine Kaufmann

(Address) 2201 Harford Ave

15- Filed MAR 26 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 24 191 5, to Mar. 25 191 5, that I saw h— alive on Mar. 24 191 5, and that death occurred, on the date stated above, at 2 20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

7 hrs. (Duration)

CONTRIBUTOR (Secondary) Arterial sclerosis

(Duration) 2 yrs. — mos. — ds.

(Signed) J. E. Pennebacker M. D.

3-26-15, 191 5. (Address) 720 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 29, 1915
20-UNDERTAKER	ADDRESS
Henry Horch Son	1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 64 [illegible] 83870

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 8 S 19 Columbia Ave 21 St.: Ward)

2 FULL NAME Annie Weir

(Residence in Baltimore: No. 8 S 19 Columbia Ave St.: 73 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of Street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month) (Day) , 1 (Year)

7 AGE: 73 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Weir

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary A Bates

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Isabelle Simmonds

(Address) 1534 Fernwood Ave Toledo, Ohio

15 Filed MAR 26 1915 HARRY O. ARLERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1915, to Mar. 24 1915, that I saw h- alive on Mar 24, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) yrs. 1 mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Morley Howe M. D.

Mar 24, 1915 (Address) 726 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Mar 27, 1915

20 UNDERTAKER: Wm J Tuckwert & Sons — ADDRESS: North & Pa

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C83871

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 238 N. Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Vaughan

(Residence in Baltimore: No. 238 N. Carlton St.: —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1870 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Mosses Brann

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Vaughan

(Address) 237 N. Carlton St.

15- Filed MAR 26 1915, 19: HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Saml. Wuntzing M. D. (Coroner)

March 25th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	March 26 1915
20-UNDERTAKER	ADDRESS
Charles B. Jones	50 W. Rogers

Spec.—8-24-14—M. & T.—2000 Bks.

C83872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 C83872

REGISTERED No. C

1-PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. ..... ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thompson

(Residence in Baltimore: No. 1903 Park Ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month), 1 ..... (Day) (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Broker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Thompson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise Sinks

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records University Hospl

(Address) University Hospital

15 MAR 26 1915 HARRY O ANDREWS, Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 23 1915, to March 25 1915, that I saw him alive on March 25 1915, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue
Cept. metastasis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Gen'l Carcinomatosis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) C Ellerington M. D.

March 25, 1915 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 61 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Balto. Md

Former or usual residence 1903 Park Ave

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, March 27, 1915

20-UNDERTAKER Stewart Mowen Co — ADDRESS 1082 N Howard St

C83873

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83873

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1101 St. Kenwood Ave WARD) 1

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marie Lubinsky

(Residence in Baltimore: No. 1101 St. Kenwood Ave St.: yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 10, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

PARENTS

9 BIRTHPLACE (State or country): Balto Md

10 NAME OF FATHER: James Lubinsky

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Julie Gromoska

13 BIRTHPLACE OF MOTHER (State or country): Russ-Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Lubinsky

(Address) 1101 St Kenwood Ave

MAR 26 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 25, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 19, 1915, to Mch 25 191 J. that I saw h[illegible] alive on Mch 25, 1915. and that death occurred, on the date stated above, at 4:30 P.M.
The CAUSE OF DEATH* was as follows:

Pneumonia and Broncho pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo Kaluzinsky M. D.

3/25, 191 J (Address) 1116 St Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: Mar 26, 1915

20 UNDERTAKER: Stephen J Fialkowski — ADDRESS: 1019 S. Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83874

CERTIFICATE OF DEATH.

119

C83874

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Ellen ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Berry

(Residence in Baltimore: No. 1923 Ellen St.; V yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 24, 1867
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ozzie Berry

(Address) 1923 Ellen

15- Filed MAR 26 1915 HARRY O. ANDREWS, By Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1915, to Mar 24 191-, that I saw h- alive on Mar 24 191-, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Ac. Bright's Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Ac Nephritis

(Duration) 6 yrs. mos. ds.

(Signed) Edward Short M. D.

Mar 24, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Mar. 27, 1915

20-UNDERTAKER George H. Holland

ADDRESS 547 Robert Street

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83875

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C83875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 E Pratt ST.; W WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Reynolds

(Residence in Baltimore: No. 1906 E Pratt St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word.)
Mald	White	Married

6-DATE OF BIRTH ..... Jan (Month) 13 (Day), 1861 (Year)

7-AGE 54 yrs. 1 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, William Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E Reynolds

(Address) 1906 E Pratt St

15- Filed MAR 26 1915, 191... MARY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 191..., to March 25 191..., that I saw h... alive on March 24 191..., and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Contributory Senility

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery DATE OF BURIAL, 3/29, 191...5

20-UNDERTAKER Chas H Evans & Son ADDRESS 118 N Mt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83876

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83876

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
(CITY OF BALTIMORE (No. Hotel Kennert. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Stover

(~~Residence in Baltimore: No.~~ Denver, Col.

St.; yrs., 1 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, March 8, 1871.
(Month) (Day) (Year)

7-AGE. 44 yrs. mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Fort Collins, Col.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Shoulaud (Brother-in-law)

(Address) 318 W. 26th St., New York

15- Filed MAR 26 1915 MARY O ... 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(Duration) ....yrs....mos....ds.

(Signed) Chas. P. Schumacher M. D.
(Coroner.)

March 26, 1915 (Address) 1.8 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Denver Col.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Denver Col.	March 28, 1915
20-UNDERTAKER Geo. W. Little	ADDRESS 531 N. Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

C83877

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

C83877

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 North Fulton Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence J. McCormick, Jr.

(Residence in Baltimore: No. 929 N. Fulton Ave. St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 28, 1877, 1 (Month) (Day) (Year)

7-AGE, 37 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Lawrence J. McCormick

11-BIRTHPLACE OF FATHER (State or Conntry), Ireland

12-MAIDEN NAME OF MOTHER Delia Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Offutt McCormick

(Address) 929 North Fulton Ave.

15-

Filed MAR 26 1915 [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to March 25 1915, that I saw h[illegible] alive on March 25 1915, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY. (Secondary) Cardiac Failure

(Duration) yrs. mos. 8 ds.

(Signed) Thomas Dulany M. D.

March 26 1915 (Address) 1103 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3/27/15., 191...
20-UNDERTAKER Henry A. Means & Son	ADDRESS 805 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.--5-19-13—M. & T.—500 Bks.

C83878 HEALTH DEPARTMENT—CITY OF BALTIMORE C83878

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
(a) OF BALTIMORE: (No.) 1042 Light (St.; 24 WARD)
2-FULL NAME Mrs Hattie Geoghegan.
(Residence in Baltimore: No.) 1042 Light St (St.; 37 yrs., 10 mos. 21 ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 3 (Month) (Day), 1877 (Year)

7-AGE, 37 yrs. 10 mos. 21 ds.
If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.
10-NAME OF FATHER James Rogers
11-BIRTHPLACE OF FATHER (State or Country), Balto
12-MAIDEN NAME OF MOTHER Mary Stalt Kamp
13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mary Rogers
(Address) 1513 Henry St.

15-MAR 27 1915 Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17th 1915, to March 24th 1915, that I saw h[illegible] alive on March 24th 1915, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:
Double Lobar Pneumonia
(Duration) ...yrs. ...mos. 7 ds.
CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) Thos J O'Donnell M. D.
Mar. 24th, 1915. (Address) 107 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, March 28, 1915

20-UNDERTAKER D. of M. G. Flynn — ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83879 C83879

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 Hanover ST.; 23 WARD)
REGISTERED No. C

2-FULL NAME Ellen Finnerty

(Residence in Baltimore: No. 1104 Hanover St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 40 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, (Month) Don't Know, (Day) 1 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, James Mahoney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M. Finnerty

(Address) 1104 Hanover St

15- MAR 27 1915 ROBERT J. KRAUTER, Registrar.
Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1915, to March 24 1915, that I saw her alive on March 23rd 1915, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Thomas Revelli M. D.

3-25, 1915. (Address) 810 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 27 1915

20-UNDERTAKER P. J. McGuire

ADDRESS 1425 Light St

C83880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83880

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 908 Rabora ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sonneborn

(Residence in Baltimore: No. 908 Rabora St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-Filed MAR 27 1915 ROBERT . KREUTER, Registrar. Asst. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) .....

(b) Laborer's Pneumonia

.....

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. R. Jeffries (Coroner) M. D.

March 24, 1915 (Address) 1413 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	MAR 26 1915

20-UNDERTAKER	ADDRESS
Commissioner Health	

UNIVERSITY OF MARYLAND.
FOR ANATOMICAL PURPOSES

C83881

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83881

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 119 N Dallas ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Beverly

(Residence in Baltimore: No. 119 N Dallas St.; yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-Filed MAR 27 1915 191... ROBERT . ARMISTEAD, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar(?))

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

March 11, 1915. (Address) 433 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, MAR 29 1915

20-UNDERTAKER | ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner Health.
FOR ANATOMICAL PURPOSES

C83882

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83882

CERTIFICATE OF DEATH.

Canton Dallaway x79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Schooner Northland ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Robbins

(Residence in ~~Baltimore~~: No. State of Maine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ..., 1863.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 2nd Mate
(b) General nature of industry, business, or establishment in which employed (or employer) Sailor

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Saunders

(Address) Capt. of Schoonr Northland

15- MAR 27 1915 Registrar. NORRIS ANDER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) David W. Jones M. D.
(Coroner.)

Mch 23, 1915. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health
MAR 26 1915
FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83883

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83883

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Brooks

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 (about) yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15 MAR 27 1915 ROBERT . KRAUSE, UNIVERSITY OF MARYL.
Filed ....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia
Carcinoma Prostate
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Mch 24, 191... (Address) 1113 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 19....
20-UNDERTAKER	ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES

C83884 C83884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Terminal Hotel, Park & Fayette ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Clark

(Residence in Baltimore: No. ? St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, about 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ?
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hotel Register

(Address).....

15. MAR 27 1915 Filed....., 191... ROBERT . KRAUTER, Registrar. Key Clerk Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide Bullet wound head

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Chas. E. Lauenstein M. D. (Coroner.)

March 27, 191.5. (Address) 18 N. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.1...ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND MEDICAL
Commissioner Health.
FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x90 C83885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Miller

(Residence in ~~Baltimore~~: No. 2307 Chestnut St Phila Pa St.; ....yrs. ....mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... Unknown

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....X.....

(Address).....

15- MAR 27 1915 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 15 1915, to Mar 25 1915, that I saw h.. alive on Mar 25 1915, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Aortic Sclerosis

.....

.....

Abon. (Duration) 10 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) 4 or 5 yrs. ....mos. ....ds.

(Signed) J. E. Warner M. D.

Mar 26, 1915. (Address) 1500 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2307 Chestnut St

Former or usual residence 2307 Chestnut St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	....., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES

Spec.—6-19-13—M. & T.—500 Bks.

070

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83886

CERTIFICATE OF DEATH.

104 C83886

REGISTERED No. C.....

1-PLACE OF DEATH

CITY of BALTIMORE: (No. 600 E Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Bona

(Residence in Baltimore: No. 600 E Biddle st St.; ....yrs., ...mos. ....da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 31st, 1914.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 2 mos. 25 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Bona

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Velia Peri

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bona

(Address) 600 E Biddle st

15-
Filed MAR 27 1915 191.....
ROBERT A. BRAUER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 1915, to Mar 25 1915, that I saw h.. alive on Mar. 24 1915, and that death occurred, on the date stated above, at 5.45P m.

The CAUSE OF DEATH* was as follows:

Cerebro Meningitis
(Gustav Eichmann)

(Duration) 1 yrs. 1 mos. 3 da.

CONTRIBUTORY (Secondary) Pott's Caries

(Duration) yrs. mos. da.

(Signed) Dr. J. D. Taylor M. D.

Mar 26, 1915. (Address) 1216 K Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Mar. 27, 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83887

CERTIFICATE OF DEATH.

17 C83887

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Ramsay

(Residence in Baltimore: No. 906 N. Calvert St St.; ...yrs.. 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) married

6-DATE OF BIRTH, Oct (Month) 31 (Day), 1842 (Year)

7-AGE, 72 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Farmer) X

9-BIRTHPLACE, (State or Country), Cecil Co. Md

PARENTS.

10-NAME OF FATHER, Jefferson Ramsay

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Marion McConkey

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs A B Evans

(Address)..... 906 N Calvert St

15- MAR 27 1915 ROBERT . KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1913, to March 25th 1915, that I saw him alive on March 25th 1915, and that death occurred, on the date stated above, at 6.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

with Arterio Sclerosis

(Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(Duration)...—...yrs...—...mos...3...ds.

(Signed) Edgar Sunley Perkins M. D.

March 25, 1915. (Address) Relmont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, March 27, 1915.

20-UNDERTAKER John B. Spence

ADDRESS 1326 N. Carolina St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83888

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83888

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2237 Guilford Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Louisa Thompson

(Residence in Baltimore: No. 2237 Guilford Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	single

6-DATE OF BIRTH: Sept. (Month) 12 (Day) 1833 (Year)

7-AGE: 81 yrs. 6 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore.

PARENTS

10-NAME OF FATHER: John M. Thompson

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Deborah Dodson

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lottie A. Ayers
(Address) 2237 Guilford Ave.

15-MAR 27 1915 ROBERT . KRACTER, Burial Permit Clerk
Filed ..... 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25th (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 4th, 1915, to, March 25 1915, that I saw her alive on March 24th 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis

(Duration) ..... yrs. ..... mos. 21 ds.

Contributory (SECONDARY) Partial Paralysis

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) C. E. McDodson M. D.

Mar 26th 1915 [Address] 2217 Eutaw Place

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar 27 1915

20-UNDERTAKER: Liston F. Fusselbaugh — ADDRESS: 2620 St Paul st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83889 HEALTH DEPARTMENT--CITY OF BALTIMORE 64 C83889

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. S. W. Cor. Franklin and Fulton Aves 20 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Susan Hockins

(Residence in Baltimore: No. Home for the Aged of the M.E. Church St.; 65 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White (White)

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 24 (Day), 1821 (Year)

7-AGE: 94 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore County Md.

PARENTS

10-NAME OF FATHER: Thomas. Brannon

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Rebecca Maddox

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss E.K. Newsham
Home for Aged M.E. Ch.
(Address) 700 Fulton Ave

15-Filed MAR 27 1915, 191

ROBERT . KRAUTER,
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febry 20, 1915, to March 25 1915, that I saw her alive on March 24, 1915, and that death occurred, on the date stated above, at 9 a m.
The CAUSE OF DEATH* was as follows:

A Dropsy.

(Duration) yrs. mos. days

Contributory (SECONDARY) Arterio-Sclerosis

(Duration) yrs. mos. ds.

(Signed) Geo. C. Brannon M. D.

Mar 26, 1915 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 14 yrs. 3 mos. 15 ds. In the State 15 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: March 27, 191

20-UNDERTAKER: George J. Smith ADDRESS: Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83890

CERTIFICATE OF DEATH.

170 C83890

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 122 W Franklin ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Courtenay Lewis

(Residence in Baltimore: No. 122 W Franklin St. St.; —yrs.— mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 20, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jno. H. Bruce

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER, Lucy Page Bryer

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Snowden

(Address) Alexandria Va

15- MAR 27 1915 MARY O ANDREWS,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to March 26 1915, that I saw her alive on March 26 1915, and that death occurred, on the date stated above, at 11-30 a.m.

The CAUSE OF DEATH* was as follows:

Incontinence Of Urine

(Supposed)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) 1 yrs. 2 mos. ds.

(Signed) Henry J. Snowden M. D.

March 27, 1915. (Address) 104 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkers Ferry SC | DATE OF BURIAL, March 29, 1915

20-UNDERTAKER H. Edmondson | ADDRESS Norfolk Va

Dr Brown

Spec.—8-24-14—M. & T.—2000 Bks.

C83891

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, Single WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Unknown ....., 1910.
(Month) (Day) (Year)

7-AGE, 15 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Shoolboy .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Miller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Virginia Flood

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Joseph L. Henson .....

(Address) ..... McDaniels Md .....

15- Filed MAR 27 1915, 191.. HARRY O. ANDREWS, CITY REGISTRAR, Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) – 25 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 3-18-1915, to 3-25-1915, that I saw h[im] alive on 3-25-1915, and that death occurred, on the date stated above, at 10P. m.

The CAUSE OF DEATH* was as follows:

..... (a) .....
Puerperal Fever .....
.....
..... (Duration) ..... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Unattended .....
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... C. H. Rausenbach, C. H. ..... M. D.

3-25-, 1915. (Address) ..... University Hosp. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? McDaniels Md.

Former or usual residence McDaniels Md.

19-PLACE OF BURIAL OR REMOVAL, McDaniels Md — DATE OF BURIAL, 3-27, 1915.

20-UNDERTAKER Samuel T. Hemsley — ADDRESS 578 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83892

HEALTH DEPARTMENT—CITY OF BALTIMORE

103

C83892

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1032 Leadenhall St (St.) 22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Powell

(Residence in Baltimore: No. 725 Bevan St St.) 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ...Nov.... (Month) ..... (Day), 1874 (Year)

7-AGE,	If LESS than 1 day,
40 yrs. 4 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.C

PARENTS.

10-NAME OF FATHER, Clarence Walker

11-BIRTHPLACE OF FATHER (State or Country), N.C

12-MAIDEN NAME OF MOTHER Siddie Onhymon

13-BIRTHPLACE OF MOTHER (State or Country), N.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Powell

(Address) 725 Bevan St

15- Filed MAR 27 1915, 191... MARY O ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.... (Month) ....24.... (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....Inquiry.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.... (Inquest, autopsy or inquiry.) Inquiry....find that said deceased came to.His death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Indigestion....(Acute).....

.....Sudden.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) E. L. Constable M. D. (Coroner.)

March 24 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	March 27 1915
20-UNDERTAKER	ADDRESS
L. E. Stroup & Son	1818 W Mont St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83893

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103

C83893

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1520 W. Lanvale St. St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Brunier

(Residence in Baltimore: No. 1520 W. Lanvale St. St.: 14 yrs. - mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Nov. (Month) 2 (Day), 1855 (Year)

7-AGE: 60 yrs. 4 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Ladies
(b) General nature of industry, business, or establishment in which employed (or employer): Nurse

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Louis Brunier

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Hanna Disler

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas H Brunier

(Address) 412 Frederick Ave

MAR 27 1915 Filed, 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1915, to March 25 1915, that I saw h[illegible] alive on March 25, 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) ..... yrs. ..... mos. 24 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Robt L Murray M. D.

March 25, 1915 (Address) 510 W. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar 25 1915

20-UNDERTAKER: Chas. F Wasmus — ADDRESS: 217 N. Fulton Ave

Spec.—3-24-14—M. & T.—2000 Blks.

C83894 HEALTH DEPARTMENT—CITY OF BALTIMORE C83894

40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Huntington Ave St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine McCaig

(Residence in Baltimore: No. 2827 Huntington Ave St.; 65 yrs. 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, Widowed WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July (Month) 21 (Day), 1850 (Year)

7-AGE, 65 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Mary McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. G. McCaig

(Address) 2827 Huntington Ave

15- Filed MAR 27 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Mch 26 1915, that I saw h.r alive on Mch 26 1915, and that death occurred, on the date stated above, at 1.30P m.

The CAUSE OF DEATH* was as follows:

..... (a) Paralysis

..... Embolism

.....

..... (Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Cancer of Stomach (No operation - Symptoms) (Duration) 1 yrs. 6 mos. ds.

(Signed) L. A. Mackenzie M. D.

Mch 26 1915 (Address) 112 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Loudow Park — DATE OF BURIAL, 3/29, 1915

20-UNDERTAKER William Cook — ADDRESS 304 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83895 — 1-PLACE OF DEATH

92 C83895 — REGISTERED No. C

CITY OF BALTIMORE (No. 219 N. Poppleton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mehrbrei

(Residence in Baltimore: No. 219 N. Poppleton St.; 35 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 6, 1879 (Month) (Day) (Year)

7-AGE: 35 yrs. 9 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Ambrose Mehrbrei

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Katherine Kern

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary F. Mehrbrei
(Address) 219 North Poppleton

15. MAR 27 1915 HARRY O. ADAMS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1915, to March 26 1915, that I saw h[im] alive on March 25, 1915, and that death occurred, on the date stated above, at 7 15 A m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry H. Weinberger M. D.
3/26/, 1915 (Address) 724 W. Lafayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: March 29, 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C83896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83896

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1105 Ridgley ST.; 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth C. Lewis

(Residence in Baltimore: No. 1105 Ridgley St.: 60 yrs., 10 mos. 24 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. May 2, 1854 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day, ...hrs. or.....min.?
60 yrs. 10 mos. 24 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John T. Pensonette

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie Conn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. William Lutz
(Address) 1106 Ridgley

15-
Filed MAR 27 1915 191... MARKET OF ARCHIVES. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to March 26 1915, that I saw h[illegible] alive on March 26 1915, and that death occurred, on the date stated above, at 8.30 P. m.
The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Morley Hoag M. D.
March 1915 (Address) 729 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	March 27, 1915.
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Fayette st

N. B.—EVERY item of information called for should be given. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83897 — 104 C83897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 24 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Garrison

(Residence in Baltimore: No. 230 E. Cross St. St.; ....yrs. 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write one word) Single

6-DATE OF BIRTH, July 6, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, John Garrison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Myrtle Montgomery

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Mayhoff

(Address) Belvedere St.

15-

Filed MAR 27 1915, 191.... Harry O. Allen Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1915, to Mar 26 1915, that I saw h.r alive on Mar 26 1915, and that death occurred, on the date stated above, at 8:25 a.m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

Coma (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward D. Smith M. D.

Mar 26, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State 5 yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? 230 E. Cross St

Former or usual residence 230 E. Cross St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar 28, 1915

20-UNDERTAKER, Jos. L. Fahnestock — ADDRESS 131 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83898

CERTIFICATE OF DEATH.

40 C83898

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2 Franklin Sq. 2 Hos St.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Edward Hooper

(Residence in Baltimore: No. 1247 William St St.; 30 yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. ds.
If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Hooper

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Woodall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Hooper Father

(Address) 1255 Williams St

15- MAR 27 1915 Filed ....., 191. HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to March 24 1915, that I saw him alive on March 24 1915, and that death occurred, on the date stated above, at 8.15 P.m.

The CAUSE OF DEATH* was as follows:

Meningitis Suspected
Carcinoma of Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Geo. E. Evans M. D.

March 27, 1915. (Address) Franklin Sq Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1247 William St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, March 28, 1915

20-UNDERTAKER Jos. F. Talbert & Son ADDRESS 1318 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FIFTY-SIX

C83899 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C83899

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 W. Fayette ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Lee Brown

(Residence in Baltimore: No. 8. W. Fayette. St. 1 yrs., 5 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Child

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jack Brown

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina.

12-MAIDEN NAME OF MOTHER Mary Ellis.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester Ellis.

(Address) 8 W. Fayette St

15- MAR 27 1915 BUREAU OF ANALYSES,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal colic

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs....mos....ds.

(Signed) Wm. H. Johnston M. D.
(Coroner.)

March 27, 191.5. (Address) 1 E. W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Mar. 27, 1915
20-UNDERTAKER Felix B. Pyle	ADDRESS 52 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83900

CERTIFICATE OF DEATH.

92 C83900

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Fields

(Residence in Baltimore: No. 1224 N. Eden St.) (65 yrs., 6 mos. 22 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	widower

6-DATE OF BIRTH, Oct. (Month) 3 (Day), 1849 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 6 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): General Carpenter

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Anthony B. Fields

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann M Carey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Cook

(Address) 1224 N. Eden St

15-

Filed MAR 27 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to March 25 1915, that I saw him alive on March 25 1915, and that death occurred, on the date stated above, at 1.5 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Exhaustion

(Duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) X yrs. X mos. 5 ds.

(Signed) Jas. L. Kinsey M. D.

March 25, 1915 (Address) 247 So. Hurd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 28, 1915

20-UNDERTAKER Albert E. Fuller

ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83901

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C83901

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N Howard St. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Karting

(Residence in Baltimore: No. 820 N Howard St. St.; 60 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH June 5 d, 185 4
(Month) (Day) (Year)

7-AGE 60 yrs. 9 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Bremen. Germany

PARENTS

10-NAME OF FATHER: John Karting

11-BIRTHPLACE OF FATHER (State or country): Bremen. Germany

12-MAIDEN NAME OF MOTHER: Wilhelmina Rosenbau

13-BIRTHPLACE OF MOTHER (State or country): Bremen. Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Karting (wife)

(Address) 820 N Howard St

15- Filed MAR 27 1915, 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 26 th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 th, 191 5, to, March 26 th 191 5, that I saw h.m. alive on March 25 th 191 5, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma
No operation
" Microscopic Exam (Duration) yrs mos. ds.

Contributory (SECONDARY) .....
..... (Duration) yrs mos. ds.

(Signed) No autopsy C S Steenken M. D.

March 26 th, 191 5 [Address] 4005 Greenmount Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudenner	March 29 1915
20-UNDERTAKER	ADDRESS
Patty & Ellen	1944 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83902 C83902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 22 REGISTERED No. C 92

CITY OF BALTIMORE: (No. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Gray

(Residence in Baltimore: No. 813 Peach Alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1891 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... H. W.
(b) General nature of industry, business, or establishment in which employed (or employer) X

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Joe Gray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucy Laura

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Received MAR 27 1915 191 HARRY O. ANDERS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) — 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-25- 1915, to 3-22- 1915, that I saw h[illegible] alive on 3-22- 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Unresolved pneumonia

Cardiac failure.

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) W. L. Rousombach P. A. M. D.

3-22-, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 813 Peach Alley.

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ... 191...

20-UNDERTAKER Commissioner Health. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
MAR 29 1915
MEDICAL LIBRARY
FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

C83903

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C83903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Patapsco ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan C Underwood

(Residence in Baltimore: No. 1231 Patapsco St.; 79 yrs., 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 17, 1835
(Month) (Day) (Year)

7-AGE, 79 yrs. 6 mos. 8 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER John Ennis

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard A. Underwood

(Address) 1231 Patapsco St.

15- Filed MAR 27 1915, 191.. HARRY O. ANDREWS, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1915, to Mar 25 1915, that I saw h[illegible] alive on Mar 25 1915, and that death occurred, on the date stated above, at 11.20 p m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. 7 ds.

(Signed) R. D. Campbell M. D.

Mar 26 1915 (Address) 1614 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, March 28, 1915

20-UNDERTAKER Mrs J. E. Evans & Son — ADDRESS 1498 E. Chase St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Blks.

C83904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1700 C83904

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 W Lexington ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Lewis

(Residence in Baltimore: No. 2141, W. Lexington St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm Lewis.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Amos

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Lewis,

(Address) 2141. W. Lexington

15- MAR 27 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th 1915, to March 25th 1915, that I saw h[im] alive on March 23rd 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous nephritis

.....

.....

Contributory to Exhaustion (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

pneumonia (Duration).....yrs.....mos.....ds.

(Signed) C. A. Leppard M. D.

March 27th, 1915. (Address) 2141 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, MAR. 27, 1915

20-UNDERTAKER Geo. A Gerber ADDRESS Balt & Pine Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83905 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C83905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Payson ST.; 30 WARD) REGISTERED No. C

2-FULL NAME William H. Knight

(Residence in Baltimore: No. 314 S. Payson St.; Life time yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) .., 1836 (Day) (Year)

7-AGE, 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Knight

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lizette Knight

(Address) 314 S Payson St

15- Filed MAR 27 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to March 25 1915, that I saw h in alive on March 24 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 11 ds.

(Signed) J. M. Lucas M.D. M. D.

March 26 1915 (Address) 826 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem DATE OF BURIAL, MAR 28 1915

20-UNDERTAKER Geo A Gerting ADDRESS Balto Md

R. S.—Registration of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83906 91 C83906

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Millford

(Residence in Baltimore: No. 916 Ryan St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 16 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 1 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, John Millford

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Annie Davidson

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Attendant.....

(Address)..... 916 Ryan St.....

15- Filed MAR 27 1915 ROBERT C. ARMSTRONG Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1915, to Mar 26 1915, that I saw h[illegible] alive on Mar 26 1915, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Indigestion

(Duration)....yrs. 1 mos....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration)....yrs....mos. 5 ds.

(Signed) Alma S. Rotatori M. D.

Mar 27, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 15 ds. In the State 2 yrs. 1 mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 916 Ryan St

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Mar. 29, 1915

20-UNDERTAKER Christian Miltz — ADDRESS 2534 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C83907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Bond St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Fredericka Mueller

(Residence in Baltimore: No. 1221 N. Bond St; St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 7, 1830 (Month) (Day) (Year)

7-AGE, 85 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernst F. Mueller

(Address) 1221 N. Bond St

15-

MAR 27 1915 HARRY O. ALBAUGH,

Filed....., 191... REGISTRAR OF VITAL STATISTICS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 18, 1915 to March 25, 1915, that I saw h[illegible] alive on March 25, 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis 8

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilat. of Heart

(Duration) yrs. mos. ds.

(Signed) Charles A. Meyer M. D.

March 27, 1915. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Emmanuel Cemetery	March 29, 1915.
20-UNDERTAKER	ADDRESS
Christian Miller	2304 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83908 HEALTH DEPARTMENT—CITY OF BALTIMORE 91. C83908

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Edmondson Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Radecke

(Residence in Baltimore: No. 1421 Edmondson Ave ST.; 68 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ferd. Mayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Adelaide Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Radecke

(Address) 1421 Edmonson Ave

15- MAR 27 1915 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to March 25 1915, that I saw h e alive on March 25 1915, and that death occurred, on the date stated above, at 7.50 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.

(Signed) J. Wm. A. Evans M. D.

....., 191... (Address) 10 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Luth Cemetery

DATE OF BURIAL, Mar 28 1915

20-UNDERTAKER Mrs A. Rohde & Son

ADDRESS 730 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83909 C83909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 1218 Ostend St ST.) 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... William Volkman

Residence in Baltimore: No. 1218 W. Ostend St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Nov (Month) 20 (Day), 1837 (Year)

7-AGE: 77 yrs. 4 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Volkman

(Address) 1218 W. Ostend St

15- Filed MAR 27 1915 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to March 25 1915, that I saw him alive on March 24 1915. and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw[illegible] M. D.

March 25 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Paul's Luth Cemetery — DATE OF BURIAL: Mar 28, 1915

20-UNDERTAKER: Mrs A Rohde & Son — ADDRESS: 730 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83910 HEALTH DEPARTMENT---CITY OF BALTIMORE C83910

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2215 Booth St. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ganz

(Residence in Baltimore: No. 2215 Booth. St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
fem	white	widowed

6-DATE OF BIRTH: Dec (Month) 8 (Day), 1847 (Year)

7-AGE: 67 yrs. 3 mos. 18 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Ludwig Schlaich

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: don't know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Ganz

(Address) 2215 Booth St

15- Filed MAR 27 1915 19[illegible] HARRY O. ANDREAS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22, 1915, to, Mar 26 1915, that I saw her alive on Mar 25 1915, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) H. E. Kruft M. D.

Mar 26 1915 [Address] 1002 W Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Paul's Luth Cmetry — DATE OF BURIAL: Mar 29, 1915

20-UNDERTAKER: Mrs A Rohde Son — ADDRESS: 730 Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83911

HEALTH DEPARTMENT—CITY OF BALTIMORE 17

C83911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Broadway ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Carter

(Residence in Baltimore: No. 409 N. Broadway St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ~~Mch~~ Oct ~~26~~ ....., 1834 ~~1835~~
(Month) (Day) (Year)

7-AGE, 81 yrs. 5 mos. —ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Ballard

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Florence Foley

(Address) 409 N Broadway

15-

Filed MAR 27 1915, 191.. MARY O. ARMIGER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to March 26 1915, that I saw h-r alive on March 26 1915, and that death occurred, on the date stated above, at 6P. m.

The CAUSE OF DEATH* was as follows: Pneumonia

Cardiac dilatation, nephritis, and Bronchitis - Immediate

(Accidental fall a year a step)

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Senility, malnutrition, bed fall due to age

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Keene (Buckley) M. D.

3/27, 1915 (Address) 1232 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	March, 191..
20-UNDERTAKER	ADDRESS
Robt J Turner	1442 N Broadway

N. B.—Correction of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83912

CERTIFICATE OF DEATH.

109 C83912

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. St., WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred L Reisinger

(Residence in Baltimore: No. 2426 E Biddle St; 10 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 30th, 1867 (Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Cincinnatti, Ohio

PARENTS.

10-NAME OF FATHER, John Reisinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeannette Reisinger

(Address) 2426 E. Biddle St.

15- MAR 27 1915 HARRY O. ANDREWS Burial Permit Clerk

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 20 1915 to Mar 26 1915, that I saw him alive on Mar 26 1915; and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction and Toxic Hepatitis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 2 mos. 8 ds.

(Signed) Edward L Johnson M. D.

Mar 26, 1915 (Address) 1426 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2426 E Biddle St

Former or usual residence 2426 E. Biddle St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	March 29, 1915
20-UNDERTAKER Clark Kemper	ADDRESS 1414 Druid Park

Correction of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C83913

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2058 E. Hoffman St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Robinson

Residence in Baltimore: No. 2058 E Hoffman St. — St.; —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1829 (Year)

7-AGE, 86 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Custom House
(b) General nature of industry, business, or establishment in which employed (or employer): Officer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Robinson

(Address) 2058 E. Hoffman St

15-

Filed MAR 27 1915, 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1912, to March 26 1915, that I saw h[illegible] alive on March 25 1915, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Asthma & Senility

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Debility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Love M. D.

March 27, 1915. (Address) 500 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, June 29, 1915

20-UNDERTAKER Robt J. Turner

ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 104 C83914

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 518 N. Durham ST.: V WARD)

2-FULL NAME Thomas Chase

(Residence in Baltimore: No. 518 N. Durham St.; yrs., 4 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November 19th, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 8 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Chase

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Frances Gorlinski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frank Chase

(Address)....518 N. Durham St

15- Filed MAR 28 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastritis Diarrhoea

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) D. W. Jones (Coroner.) M. D.

Mar 27, 1915. (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAR 28 1915 19...
Fr. Baltimore.	
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

C83915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C83915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 Dolphin St. 11 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Dumeste Ridgely Gaither

(Residence in Baltimore: No. 341 Dolphin St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Born 1874 (Month) (Day) (Year) 1874

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Woodland, Baltimore County Md

PARENTS.

10-NAME OF FATHER, Gadarene W. Ridgely

11-BIRTHPLACE OF FATHER (State or Country), Md Baltimore

12-MAIDEN NAME OF MOTHER Camilla Hammond McKean

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. McClaskey

(Address) 510 Cathedral St

15- MARY O. ANDREWS,

Filed MAR 28 1915 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from the 9th day of March 1915 to March 27 1915, that I saw h er alive on March 27 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Chronic Nephritis

(Duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

(Signed) Chas. H. Feldmann M. D.

March 27, 1915. (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 3-29, 1915.

20-UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS Orchard & Mc Culloh

C83916

HEALTH DEPARTMENT—CITY OF BALTIMORE

130

C83916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 923 N. Howard street, ST.: 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Johnson,

(Residence in Baltimore: No. 923 N. Howard street, St.; yrs. 25 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, ... November (Month) 25th (Day), 1875 (Year).

7-AGE, ... 39 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York,

PARENTS.

10-NAME OF FATHER, John W. Bailey,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Julia Pollett,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Johnson, husband,

(Address) 923 N. Howard street.

15-

Filed MAR 28 1915 MARY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 25th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Chronic interstitial nephritis,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) C. Frederick Kempf, M. D.
(Coroner.)

Mar. 25, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	March 27, 1915
20-UNDERTAKER	ADDRESS
John H. Toadvine	847 Hollins st.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83917

CERTIFICATE OF DEATH

92 C83917

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1936 McCulloh ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Brown

(Residence in Baltimore: No. 1936 McCulloh St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE FEMALE, UNDER ONE YEAR

THIS ITEM IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Sing Le

6-DATE OF BIRTH May 18 1871
(Month) (Day) (Year)

7-AGE 43 yrs. 10 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER David N Brown

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mary Broston

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Plater

(Address) 1936 McCulloh St

15 MAR 28 1915 Filed ..... 191 HARRY O. ARLANDS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar. 25, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1915, to, Mch 25 1915,
that I saw h-- alive on Mch 25, 1915,
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ira D Blake M. D.

Mch 26, 1915 (Address) 1614 W Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cem | DATE OF BURIAL Mch 28, 1915

20-UNDERTAKER John H Toadvine | ADDRESS 1442 W Fayette St

C83918

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1915 C83918

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMCRE (No 213 S. Calhoun ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Mary Weidenhammer

(Residence in Baltimore: No. 213 S Calhoun St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: July 14, 1850 (Month) (Day) (Year)

7 AGE: 64 yrs. 8 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo M Muckleo

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary M Dexter

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Weidenhammer
(Address) 213 S. Calhoun St

Filed MAR 28 1915, 191

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 26, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1908, to March 1915, that I saw h[illegible] alive on March 24, 1915, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Contributory (SECONDARY): Chronic Toolvulor. (Duration) 7 yrs. mos. ds

Leo A Dixon (Duration) 5 yrs. mos. ds.

(Signed) R. Dewart M. D.

March 27, 1915 (Address) 1403 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park [illegible] DATE OF BURIAL: March 28, 1915

20 UNDERTAKER: Geo Lembecker ADDRESS: 647 N Pac

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.--8-24-14--M. & T.--2000 Blks.

C83919

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C83919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2463 Druid Hill Ave ST.; 43 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Killmeyer

(Residence in Baltimore: No. 2463 Druid Hill Ave (If not, ...yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 1, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Geo. Schemm

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Annie Bush

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Killmeyer

(Address) 2463 Druid Hill Ave

15- Filed MAR 28 1915, 191..., Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 191.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 26th 1915, that I saw h.. alive on March 26th 1915, and that death occurred, on the date stated above, at 1500 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

..... (Duration) 2 yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) C. L. Cameron M. D.

March 26th, 1915. (Address) Towson Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem Balto Co Md | DATE OF BURIAL, March 29th, 1915

20-UNDERTAKER William Cook | ADDRESS 1712 N Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83920 HEALTH DEPARTMENT—CITY OF BALTIMORE C83920

CERTIFICATE OF DEATH. 19 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna M Priester

(Residence in Baltimore: No. 811 N. Stricker St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Dec (Month) 29 (Day), 1843 (Year)

7-AGE, 72 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs M E Smith

(Address) 640 N. Carey

15- Filed MAR 28 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from September 1914, to March 26 1915, that I saw h[er] alive on March 26 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. 12 ds.

(Signed) William Priester M. D.

March 27, 1915. (Address) 1407 N. Mayfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, 3/29, 191..

20-UNDERTAKER Wm Lees

ADDRESS 1716 N. Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

C83921 66 C83921

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 602 Crawford ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Eckhart

(Residence in Baltimore: No. 602 Crawford St.; 3 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec (Month) 8 (Day), 1847 (Year)

7-AGE: 67 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Gardener

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: George Eckhart

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary F. Eckhart

(Address) 602 Crawford St

15- MAR 28 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1915, to, March 26 1915, that I saw him alive on March 26 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Left Hemaphlegia (2nd Stroke)

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY)

(Duration) 6 yrs. 8 mos. ds.

(Signed), R. P. Carman M. D.

March 27 1915 [Address] 1201 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Prospect Hill Cemetery — DATE OF BURIAL: March 30 1915

20-UNDERTAKER: Henry Ford Son — ADDRESS: 1301 E Eager St

C83922

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 917 McHenry St ST.: 21 WARD)

Registered No. C 1920 C83922

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa White

(Residence in Baltimore: No. 917 McHenry St.: 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1840 (Year)

7-AGE: 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James White

(Address) 1021 N. Pace St.

15. MAR 28 1915 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 21 at 1915, to Mar 25 1915, that I saw h alive on Mar 25 1915, and that death occurred, on the date stated above, at 9.45 P m.
The CAUSE OF DEATH* was as follows:

Bright's Disease
My attendance (Duration) yrs. mos. 4 ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) Edward H. Condon M. D.
3/27, 1915 (Address) 750 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery
DATE OF BURIAL: Mar 27 1915

20-UNDERTAKER: John J. Cavanaugh
ADDRESS: 907 Hollins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83923

CERTIFICATE OF DEATH.

28 C83923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1561 E. Ellwood ave ST.; 6th WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles V. Thomas

(Residence in Baltimore: No. 1561 E. Ellwood ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 9, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Robt E Thomas

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Frances Hadburn

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances F Thomas

(Address) 1561 E Ellwood ave.

15- MAR 28 1915. BUREAU OF VITAL STATISTICS
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/25/15, 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/1/14 191..., to 3/25/15 191..., that I saw h... alive on 3/25/15 191..., and that death occurred, on the date stated above, at 9 30p m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

3/27/15, 191... (Address) 2919 Reed St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar 29, 1915
20-UNDERTAKER John A Moran	ADDRESS Bank & Ann Sts

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4177

C83924 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 C83924

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. #2812 E. Baltimore St. 6 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Petrie

(Residence in Baltimore: No. 2812 E. Baltimore St. 62 yrs. 11 mos. 23 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April 1, 1852 (Month) (Day) (Year)

7-AGE: 62 yrs. 11 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Joseph Hebling

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Susanna Hebling

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther Peters

(Address) 2812 E Balto St

15. Filed MAR 28 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 25, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1914 to March 25 1915.
that I saw her alive on March 25, 1915.
and that death occurred, on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
(Operation) 0
+Postmortem (Duration) yrs. 7 mos. ds

Contributory (SECONDARY) Exhaustion
(Duration) yrs. mos. 14 ds.

(Signed) John G. Owens M. D.
Mar 25 1915 (Address) Fremont Ave & Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 29 1915

20-UNDERTAKER: John A Moran & Son — ADDRESS: Bank St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83925

C83925

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Dillon ST.; 1st WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Benson

(Residence in Baltimore: No. 2931 Dillon St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. 23 (Month) (Day), 1829 (Year)

7-AGE, 85 yrs. 5 mos. 2 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Sea Captain

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Robert Benson

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER, dont know

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Benson

(Address) 2931 Dillon St

15-

Filed MAR 28 1915, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 5-T 1915, to Mch 25 1915, that I saw him alive on March 25 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dont know

(Duration) ... yrs. ... mos. ... ds.

(Signed) David T. Jones M. D.

Mch 27, 1915 (Address) 311 S O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Mch 28, 1915

20-UNDERTAKER John A. Inman

ADDRESS Bankstown

Spec.—5-19-13—M. & T.—500 Bks.

C83926

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83926

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 W^m St ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millicent N Davis

(Residence in Baltimore: No. 1039 W^m St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 31st (Month) (Day), 1835 (Year)

7-AGE, 80 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Benjamin Wamsley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ford

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millicent N Dall

(Address) 819 Williams

15-

Filed MAR 28 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 27 1915, that I saw h[illegible] alive on March 27 1915, and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

(Signed) Jas A Bonsell M. D.

(Address) 1076 West St

March 27/15

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET

DATE OF BURIAL, MAR 30 1915

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83927

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83927

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1326 Argyle Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and ward No. 18.)

2 FULL NAME Meridith C Boston

(Residence in Baltimore: No. 1326 Argyle Ave St.: yr. 9 mos. ds.)

THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) (Day) , 1914 (Year)

7 AGE: yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Boston

11 BIRTHPLACE OF FATHER (State or country): Pocomoke Md

12 MAIDEN NAME OF MOTHER: Julia Floyd

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Boston

(Address) 1326 Argyle ave

15 MAR 28 1915 (Date) 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 26 (Day) , 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 25 , 1915 to March 26 1915, that I saw h[illegible] alive on March 25 , 1915, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John C Stewart M. D.

March 28 1915 (Address) 1013 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/28/15

20 UNDERTAKER: Samuel T Hensley — ADDRESS: 578 W Baltimore

C83928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-151 C83928

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 530 East ST.: 5 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sullivan

(Residence in Baltimore: No. 530 East St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Baby

6-DATE OF BIRTH, March (Month) 24 (Day), 1915 (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Mathew Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Talbott.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Sullivan (Midwife)

(Address) 530 East St.

15- Filed MAR 28 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth Baby 8 lbs
month pregnancy Nat'l causes
about 1 hour

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Herbert Saunders M. D. (Coroner.)

March 27, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos.3...ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lauer Co — DATE OF BURIAL, March 28th 1915

20-UNDERTAKER Robt A Elliott — ADDRESS 506 East St

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83929

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83929

1-PLACE OF DEATH U. S. Marine Hospital 79 REGISTERED No. C.....

CITY OF BALTIMORE: (No. 17 St. Wilkens) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Rodgers

(Residence in Baltimore: No. U. S. Marine Hospital St. 2 yrs. 10 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH about 1876
(Month) (Day) (Year)

7-AGE About 39 yrs. mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Not Known

11-BIRTHPLACE OF FATHER (State or country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) This Statement on admission to Hospital
(Address)

15- MAR 28 1915 Filed ..... 191 HARRY O. ANDERSON, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 28 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 19, 1914 to March 28 1915, that I saw him alive on March 28 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Val. disease of heart
Aortic insufficiency 7/
(Duration) yrs. mos. ds.

Contributory (SECONDARY) General anasarca
(Duration) yrs. 1 mos. ds.

(Signed) Chas. W. Mosby M. D.
191 [Address] U. S. Marine Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ... yrs 6 mos 9 ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL Asbury Cemetery — DATE OF BURIAL Mch 29, 1915

20-UNDERTAKER H. E. Hughes. — ADDRESS 17 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83930

CERTIFICATE OF DEATH.

91 C83930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 N. Caroline ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Feig

(Residence in Baltimore: No. 1538 N. Caroline St.; 75 yrs., 9 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, July 23 (Month), 1839 (Year)

7-AGE, 75 yrs. 9 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Michael Buckman

11-BIRTHPLACE OF FATHER (State or Country): Alsace-Lorraine

12-MAIDEN NAME OF MOTHER: —— Blaney

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Bertram Feig

(Address) 1538 N. Caroline St.

15- Filed MAR 28 1915, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1915, to March 25 1915, that I saw h[er] alive on March 25th 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) .... yrs. .... mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) .... yrs. .... mos. .... ds.

(Signed) [illegible] M. D.

March 27, 1915. (Address) 2844 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 3 29, 1915

20-UNDERTAKER Henry W. Means & Son

ADDRESS 1250 Calvert St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83931

CERTIFICATE OF DEATH.

45 C83931

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Johns Hospital WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sherman Blaustein

(Residence in Baltimore: No. 1029 Watson St. St.; 4 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Blaustein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Waterman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Blaustein

(Address) 1029 Watson st

15- Filed MAR 28 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 27, 1915, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1915, to Mar. 27, 1915, that I saw h.. alive on Mar. 27, 1915, and that death occurred, on the date stated above, at 6.50 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(A.o. Autopsy) (Nr. Microscopic Exam)

Duration: ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma Bladder

Duration: ... yrs. ... mos. ... ds.

(Signed) William [illegible] M. D.

..., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 3 ds. In the State 24 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1029 Watson St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd — DATE OF BURIAL, March 29, 1915

20-UNDERTAKER L. Turner & Bro — ADDRESS 107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C83932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 74 C83932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Fiona Green

(Residence in Baltimore: No. Farmington, Washington St.; ....yrs,....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 10 (Day), 1894 (Year)

7-AGE, 21 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Wm. Overholt.

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Mary Grimes

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- MAR 28 1915 HARRY O. ARNOLD, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1915, to Mar 28 1915, that I saw h[illegible] alive on Mar 28 1915, and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Operation for Hernia

Colon Perforation Tumor

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 4 ds.

(Signed) George R. Dunn M. D.

Mar 28 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Farmington Wash.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Farmington Wash	Mar 29., 1915.
20-UNDERTAKER	ADDRESS
Gilbert E. Fuller	221 N Bradway

Spec.—8-24-14—M. & T.—2000 Bks.

C83933 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 C83933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Gough St., W WARD) REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Melzel

(Residence in Baltimore: No. 1812 Gough st St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. January 16, 1895
(Month) (Day) (Year)

7-AGE. 20 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Liners Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Harry Melzel

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margrath Dunn

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Melzel

(Address) 1812 Gough st

15- Filed MAR 28 1915, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1915, to Mar 27 1915, that I saw her alive on Mar 27 1915, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) about yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(Duration) about yrs. 2 mos. ds.

(Signed) J. E. Warner M. D.

Mar 27, 1915. (Address) 1812 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1812 Gough st

Former or usual residence 1812 Gough st.

19-PLACE OF BURIAL OR REMOVAL, Dale Lawn Cemetery — DATE OF BURIAL, March 28, 1915.

20-UNDERTAKER Wendell Myers & Son — ADDRESS 37 S Eutaw St

K O D A K

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C83934

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1922 E Preston St. 88 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Elizabeth Tudor

(Residence in Baltimore: No. 1922 E Preston St St.; 42 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: ~~March~~ November 7, 1853 (Month) (Day) (Year)

7 AGE: 61 yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Thomas Lemon.

11 BIRTHPLACE OF FATHER (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Harford Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard W Tudor

(Address) 1038 N. Collington Ave

15 Filed MAR 28 1915, 19.. HENRY O. ANDERSON, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 26, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1915, to March 26 1915, that I saw her alive on March 26, 1915, and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D F Herzog MD M. D.

March 26, 1915 (Address) 30 Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 28, 1915

20 UNDERTAKER: Wendell Hopper & Co — ADDRESS: 37 S Lime St

Spec.—8-24-14—M. & T.—2000 Bks.

C83935

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83935

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 McCulloh ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Murray

(Residence in Baltimore: No. 1408 McCulloh St.; - yrs., - mos., - ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Date known ....., 1845
(Month) (Day) (Year)

7-AGE: 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Mathews Wallace

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Anna Power

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fulson

(Address) 1408 McCulloh St.

15-
Filed MAR 28 1915, 191.....
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 27 1915, that I saw h[illegible] alive on March 26th 1915, and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Broncheitis

(Duration) 3 yrs. - mos. - ds.

(Signed) A. F. Robinson M. D.

3/27, 1915. (Address) 141 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Mar 29th 1915

20-UNDERTAKER: Chas. F. Coane & Son

ADDRESS: 118 N. Mt. St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83936 — 34 C83936

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Latrobe ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Maddox

(Residence in Baltimore: No. 1615 Latrobe St.; 56 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: ~~Female~~

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1859 (Year)

7-AGE, 56 yrs. ... mos. ... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Boyd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Chester

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J. Maddox

(Address) 1615 Latrobe St

15- Filed MAR 28 1915 HARRY O. ANDERSON Burial Permit Clerk, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 3rd 1915, to March 25 1915, that I saw her alive on March 25 1915, and that death occurred, on the date stated above, at 11.40 A.m.

The CAUSE OF DEATH* was as follows:

Ulcer of facial Bone

..... (Duration) ... yrs. unknown mos. ... ds.

CONTRIBUTORY (Secondary) Tubercle bacilli

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Campbell M. D.

March 27, 1915. (Address) 1326 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery — DATE OF BURIAL, Mar. 29, 1915.

20-UNDERTAKER Geo. W. Holland — ADDRESS 517 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83937

CERTIFICATE OF DEATH.

165 C83937

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rubin Bengen (Berger)

(Residence in Baltimore: No. 1427 E. Fayette St. St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March 28, 1912
(Month) (Day) (Year)

7-AGE 3 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Simon Berger

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Arbowitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O Bulpi

(Address) Johns Hopkins Hosp

15- Filed APR 28 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1915, to Mar 28 1915, that I saw h[illegible] alive on Mar. 25 1915, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Chronic Kidney Inflammation

Thumb cause of the Albuminuria

Coma)

(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) Lead Poisoning

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) Adam S. Rothrock M. D.

Mar. 28 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1427 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Northern Circle Mt. Carmel — DATE OF BURIAL, 3.28., 1915.

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C83938 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C83938

CERTIFICATE OF DEATH. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Appleton ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Perry Jr

(Residence in Baltimore: No. 1013 Appleton St.; 65 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, August 2d, (Month) (Day) 1847 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 7 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Perry Sr.

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis J. Perry

(Address) 1742 Bolton Ave. City

15-

Filed MAR 28 1915, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 26 1915, that I saw him alive on March 26 1915, and that death occurred, on the date stated above, at 8:35 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. N. Duvall M. D.

March 27, 1915. (Address) 1817 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Mar. 29, 191...5

20-UNDERTAKER	ADDRESS
Robt. S. Little	531 N. Fremont Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83939

1 PLACE OF DEATH

REGISTERED No. C 154 C83939

CITY OF BALTIMORE (No. 2001 W. Lexington St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Ireland.

(Residence in Baltimore: No. 2001 W. Lexington St. 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. (Month) 2 (Day), 1832 (Year)

7-AGE: 82 yrs. 7 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Calvert Co, Md.

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): not known

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas F. Shuckhall

(Address) 2001 W. Lexington St.

15. MAR 28 1915 Filed, 191 [illegible] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1915, to Mar 27th 1915, that I saw her alive on Mar 27th, 1915, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Uraemia

Old age

Contributory (SECONDARY) Cancer (Duration) — yrs. One 13 ds

Contributory (SECONDARY) — (Duration) — yrs. — mos. 3 ds.

(Signed), Edw. Plummer M. D.

Mar 27, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 29, 1915

20-UNDERTAKER: Geo. W. Linde

ADDRESS: 531 N. Fremont Av

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83940

C83940

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 W. Mulberry St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Caroline Lemer

(Residence in Baltimore: No. 802 W. Mulberry St St.; Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec (Month) 25 (Day) 1857 (Year)

7-AGE: 57 yrs. 3 mos. 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward C. Cryer

(Address) 802 W. Mullberry St.

15-
Filed MAR 28 1915, 191.....
HARRY O. ...
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 11, 1912, to March 26 1915, that I saw her alive on March 26 1915, and that death occurred, on the date stated above, at 10.20 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus. Operation 2 yrs ago. recurrence in pelvic walls

(Duration) 2 yrs 5 mos. ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Henry C. Offe M. D.

March 27, 1915 (Address) 1203 W. Fayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 29 191 5.

20-UNDERTAKER: Geo W Little

ADDRESS: 531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—[illegible]00 Bks.

C8:3941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 C8:3941

1-PLACE OF DEATH. CITY OF BALTIMORE: (No.) 113 E. Hamburg St.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Mitchell

(Residence in Baltimore: No. 113 E. Hamburg St.; 38 yrs., 8 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 11 (Day), 1876 (Year)

7-AGE, 38 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Samuel Mitchell

11-BIRTHPLACE OF FATHER (State or Country) Balto city

12-MAIDEN NAME OF MOTHER, Lucie Noble

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Mitchell

(Address) Parkville md

15- Filed MAR 28 1915, 191... ROBERT J. KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to Mar 27 1915, that I saw him alive on Mar 27 1915, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. P. Buxton M. D.

3/28, 1915. (Address) 701 E Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dr. Johns. DATE OF BURIAL, Mar 30, 1915.

20-UNDERTAKER Wm Cook ADDRESS 5016 Harford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83942

64 C83942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Kenwood ave 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Coker

(Residence in Baltimore: No. 407 N. Kenwood Ave yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 5th, 1845 (Month) (Day) (Year)

7-AGE, 69 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, Joshua Green

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Mary Galloway

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Coker

(Address) 409 N. Kenwood ave

15- MAR 29 1915 ROBERT J. BRAUER,
Filed....., 191.... Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to March 26 1915, that I saw h[illegible] alive on March 26 1915, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) John F. Dennis M. D.

March 29, 191.5. (Address) 5 Penna Ave + Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, March 29, 1915.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 4038 Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83943

CERTIFICATE OF DEATH.

X 40 C83943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: Broadway (WARD) 6

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Robert Miller

(Residence in Baltimore: No. Church Home & Infirmary St. Oak Hill, Ohio.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, About (Month) (Day) 1865 (Year)

7-AGE About 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Neill Jr. M. D.

(Address) Church Home & Infirmary

15- Filed MAR 29 1915 ROBERT J. KRAUER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1915, to Mar 26 1915, that I saw h / m alive on Mar 26 1915, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
No operation (Radium Treatment)
Microscopic Exam. being made
No Postmortem Permit

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) Wm Neill Jr. M. D.

March 27 191 5 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State About a Year yrs. mos. ds.

Where was disease contracted, if not at place of death? About a Year

Former or usual residence About a Year. X

19-PLACE OF BURIAL OR REMOVAL, Oak Hill. Ohio. DATE OF BURIAL, March 31, 1915

20-UNDERTAKER, Jackson County H. E. Hughes ADDRESS 17 S. Broad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83944

CERTIFICATE OF DEATH.

19 C83944

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Montford Ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget B Shields

(Residence in Baltimore: No. 1206 N Montford ave. St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, Nov. (Month) 15 (Day), 1848. (Year)

7-AGE, 66 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Martin Cosby

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Catharine Tierney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Shields

(Address) E. Eden ave

15. Filed MAR 29 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1914, to Mar 26 1915, that I saw her alive on Mar 25 1915, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. ds.

(Signed) H. P. Powers M. D.

3/26, 1915. (Address) 2511 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	March 29 1915.
20-UNDERTAKER Lilly & Zeile	ADDRESS 403 N mofford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83945

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C83945

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No 434 N. Linwood Av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carolina Heim

(Residence in Baltimore: No. 434 N. Linwood Ave. St.; 52 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Mar 11th, 1840 (Month) (Day) (Year)

7-AGE: 75 yrs. 06 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jos. Schultz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Thos H. Graham

(Address) 434 N. Linwood

Filed MAR 29 1915 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26th, 1915, to, Mar. 27th 1915, that I saw her alive on Mar 26th 1915, and that death occurred, on the date stated above, at 11.10A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs mos. 14 ds.

Contributory (SECONDARY) Senility

(Duration) yrs mos. ds.

(Signed) O. B. Fowler. M. D.

March 27th 1915 [Address] 1432 William St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: Mar 30 1915

20-UNDERTAKER: Philip Henrig — ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83946

CERTIFICATE OF DEATH.

152 C83946

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St.; 36 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mr Harried~~ Edward MacClements

Residence in Baltimore: No. ~~541 Cumberland~~ St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 28, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Mc Clements.

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER (~~Sudsburger~~) Linda ~~Mc Clements~~ Sudsberger

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Mac Clements

(Address) 541 Cumberland St

15- MAR 29 1915 ROBERT . KRAUTER,
Filed ..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1915, to March 28 1915, that I saw h- alive on March 28 1915 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Instrumental delivery - case of eclampsia - Heart beating after delivery but ceased in 15 min

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. Maxwell Hart M. D.

March 28 1915. (Address) Church Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mar 29, 1915

20-UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec —5-19-13—M. & T.—500 Bks.

C83947

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83947

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N Peters St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Royall

(Residence in Baltimore: No. 732 N Peters St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Sept. (Month) 15 (Day), 1884 (Year)

7-AGE, 30 yrs. 6 mos. 14 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Rollins

11-BIRTHPLACE OF FATHER (State or Country), Iowa

12-MAIDEN NAME OF MOTHER Lizzie Wiet

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rollins

(Address) 732 N Peters St

15-

Filed MAR 29 1915 ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1915, to Mar 29 1915, that I saw h[illegible] alive on Mar 29 1915, and that death occurred, on the date stated above, at 2 A, m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Darby Hoge M. D.

Mar 29 1915. (Address) 727 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cem. | DATE OF BURIAL, Mar 29 1915

20-UNDERTAKER Jos Joerdens Son | ADDRESS 217 S. Pac

4 P. M.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83948

91 C83948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1363 N. Stocton ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Dorothy May E. Sellman.

(Residence in Baltimore: No. 1363 N. Stocton St.; ....yrs.,.... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Child

6-DATE OF BIRTH, June 30th 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md. Balto

PARENTS.

10-NAME OF FATHER. Edward Sellman

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Blanche Smith

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Sellman

(Address) 1363 N. Stocton St.

15- Filed MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12th 1915, to Mar 27th 1915, that I saw h.r alive on Mar 26 1915, and that death occurred, on the date stated above, at 1155 P m.

The CAUSE OF DEATH* was as follows:

a. Bronchial Pneumonia

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry K. Brown M. D.

Mar 28 1915 (Address) 1503 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL. Mar 29, 1915

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Riverton

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83949

CERTIFICATE OF DEATH.

137 C83949

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Fremont ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Martha Elliott.

(Residence in Baltimore: No. 1309 N. Fremont St.; 4 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 25, 1890 (Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER Benjamin Stafford

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Annie Hynson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Elliott

(Address) 1309 N. Fremont

15. MAR 29 1915 ROBERT . KRAUTER, Filed ..... 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22 1915, to Mar. 27 1915, that I saw her alive on Mar. 26 1915, and that death occurred, on the date stated above, at 8-4 m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Lobular
2. Tuberculosis Pulmonalis
3.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY. Premature Childbirth
(Secondary)

(Duration) yrs. mos. 5 ds.

(Signed) Paul Brown M. D.

Mar 27 1915. (Address) 1837 Penna. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar. 29, 1915
20-UNDERTAKER James H Dunn	ADDRESS 130 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C85950 HEALTH DEPARTMENT—CITY OF BALTIMORE C85950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Stockston ST. 15 WARD)

2-FULL NAME John E Middleton

(Residence in Baltimore: No. 1306 Stockston St St.; 15 yrs. 10 mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 19, 1883.
(Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 8 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, Edward middleton

11-BIRTHPLACE OF FATHER (State or Country). St Marys Co Md

12-MAIDEN NAME OF MOTHER Martha Ryan

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Middleton

(Address) 1306 Stockston St

15- Filed MAR 29 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 24 1915, to March 26 1915, that I saw him alive on March 26 1915, and that death occurred, on the date stated above, at 6 10 Pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Followed by Diarrhoea

(Duration) yrs. mos. 33 ds.

CONTRIBUTORY (Secondary) Attack of Nerves

(Duration) yrs. mos. 33 ds.

(Signed) [illegible] M. D.

March 27 1915 (Address) 136 N Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Mar 30 1915

20-UNDERTAKER James H Dennis

ADDRESS 503 Eastman

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83951

CERTIFICATE OF DEATH.

79 C83951

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Shields St.; 17 WARD)

2-FULL NAME Charles Young

Residence in Baltimore: No. 1122 Shields Ale St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... 1844 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Isabella Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Israel Mitchell

(Address) 1122 Shields Alley

15- MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/27/, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/13 1915, to 3/27/ 1915, that I saw h~ alive on 3/24/ 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

3/27/, 1915 (Address) 94 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National C — DATE OF BURIAL, Mar. 30th, 1915

20-UNDERTAKER Robt A Elliott — ADDRESS 506 East St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83952

CERTIFICATE OF DEATH.

10 C83952

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N Rose ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aurelia Lanciaprima

(Residence in Baltimore: No. 623 N Rose St.; 2 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widowed

6-DATE OF BIRTH, Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Di Filippo

(Address) 623 N Rose St

15- MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 191.., to March 6 191..,
that I saw h.. alive on March 28 191..,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem

DATE OF BURIAL, Mar. 30, 191..

20-UNDERTAKER J Lewis & Co

ADDRESS 2008 Caleam

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083953

CERTIFICATE OF DEATH.

18 083953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Portugal ST.; W WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bendina May Spedden

(Residence in Baltimore: No. 2002 Portugal St.; — yrs., 10 mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 26 (Day), 1914 (Year)

7-AGE, ... yrs. 10 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Daniel E. Spedden

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Clara F. Schwaiger

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. E. Spedden

(Address) 2002 Portugal St

15- Filed MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1915, to March 28 1915, that I saw h— alive on March 27 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Empyema L. L. Jenkins

Back & abdominal walls

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Due to Influenza

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Valentine M. D.

March 28 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Mar 29, 1915
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Eastern Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

83954

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920

REGISTERED No. C 83954

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1025 Mc Culloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Weisgerber

(Residence in Baltimore: No. 1025 Mc Culloch St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: George Snyder

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Kahle

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Towes

(Address) 1223 Madison Ave

15- MAR 29 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 28, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 27, 1915, to March 28 1915, that I saw her alive on March 28, 1915, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY): Chronic Nephritis not known

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. A. Dodd M. D.

Mch 29, 1915 (Address) 3101 Clifton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Mar 31, 1915

20-UNDERTAKER: M Fahey & Sons ADDRESS: 606 Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83955

28 C83955

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2510 W. Fayette St., St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell H. Love

(Residence in Baltimore: No. 2510 W. Fayette St., St.: 13 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH: June 14th., 1867 (Month) (Day) (Year)

7-AGE: 47 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Perry S. Love

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary A. White

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. James R. Coburn

(Address) 2510 W. Fayette St.,

15. Filed MAR 29 1915, 191 ROBERT, KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 23, 1915, to Mch 26 1915, that I saw h[illegible] alive on Mch. 25, 1915, and that death occurred, on the date stated above. at 11, 4 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

from history

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno. Ebaugh M. D.

Mch. 29, 1915 (Address) 745 N. Mt. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	March 29, 1915

20-UNDERTAKER: Chas. E. Franck ADDRESS: 802 Madison Ave.

C83956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C83956

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklintown Hospl. ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Evans Hess

(Residence in Baltimore: No. 422 S. Parrish St. 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 4th (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 6 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lewis Hess

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Hess

(Address) 422 S. Parrish St.

15 MAR 29 1915 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Between freight Cars Accident

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock & Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml. Wineberg M. D. (Coroner.)

March 29th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1/2 ds. In the State 29 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mt Clare R.R. Yard

Former or usual residence 422 S. Parrish St.

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL, Mar 30. 1915

UNDERTAKER Josiah Sypher

ADDRESS 1606 N. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83957

CERTIFICATE OF DEATH.

X 120 C83957

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Barnes

(Residence in Baltimore: No. 10 E. Maple St. Johnson City, Tenn. ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 25, 1879
(Month) (Day) (Year)

7-AGE, 35 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Repairer Freight Cars
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad.

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Levi Barnes

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Martha Pray

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Heard

(Address) Johns Hopkins Hospital

15- MAR 29 1915 ROBERT , KRAUTER, Registrar.
Filed....., 191.... Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 28 1915, that I saw h.im alive on March 28 1915, and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs. ...mos. 11 ...ds.

(Antecedent) CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 5? yrs. — mos. ...ds.

(Signed) Stanhope Bayne-Jones M. D.

March 28, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. mor. 11 ds. In the State ...yrs. mos. 11 ds.

Where was disease contracted, if not at place of death? Tennessee

Former or usual residence Tennessee

19-PLACE OF BURIAL OR REMOVAL, Asheville N.C. DATE OF BURIAL, March 30, 1915

UNDERTAKER John J. Flaherty & Son ADDRESS 1918 Eighth St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83958

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83958

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1309 Pennsylvania ave. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy J. Norton,

(Residence in Baltimore: No. 1309 Pennsylvania ave. St.) (23 yrs. years mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ... Unknown, (Month) ..... , 1 (Day) ..... (Year)

7-AGE, ... 43 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook for....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... private family.,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Harry Norton,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Rebecca Thorton,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher Wood, nephew,

(Address) 121 W. 21st street.

15- ROBERT . KRAUTER,

Filed MAR 29 1915 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 26th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable fatty infiltration of Cardiac muscle, "heart of obesity"

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Obesity.,

..... (Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Mar. 27, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Northey Glouc. Co. Va	3-29 1915
20-UNDERTAKER	ADDRESS
Sam'l T. Kemp	1781 N. Bridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83959

CERTIFICATE OF DEATH.

28 C83959

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Mc Donogh St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellie K. Dean

(Residence in Baltimore: No. 1020 Mc Donogh St.; ....yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1889 (Year)

7-AGE, 25 yrs. 3 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrotyper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Dean

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Dean

(Address) 1020 Mc Donogh St

15- Filed MAR 29 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1915, to Mar 27 1915, that I saw h[illegible] alive on Mar 26 1915, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 11 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Mar 27, 1915 (Address) 1305 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Mch 30, 1915

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

C83960 HEALTH DEPARTMENT—CITY OF BALTIMORE C83960

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University of Maryland St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Schaub Jr

(Residence in Baltimore: No. 217 S. Fulton Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 4, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas. W Schaub

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Louise Gebhardt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Schaub

(Address) 217 S Fulton Ave

15- MAR 29 1915 KOHART, KRAUTER & CO. Funeral Directors

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..Inquest.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..Inquest.. (Inquest, autopsy or inquiry.) and that said deceased came to..his..death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock & Burns

Accident - Fell in a bucket of scalding water

(Duration)..... yrs. ....mos.....ds.

CONTRIBUTORY (Secondary) Burns & Body

(Duration)..... yrs. ....mos.....ds.

(Signed) D. J. Jeffries M. D.
(Coroner.)

March 27, 191 5 (Address) 711 S. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos.2.ds. In the State..2..yrs..5..mos.....ds.

Where was disease contracted, if not at place of death?
2835 Pennsylvania Ave

Former or usual residence 217 S. Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, March 29, 1915.

20-UNDERTAKER J. B. Hafferkamp, Fulton Ave

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHETHER PERMIT, WITH ENGRAVING—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83961

CERTIFICATE OF DEATH.

19 C83961

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 E. Fayette St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin

(Residence in Baltimore: No. 1524 E. Fayette St.; .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 24th, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Smith

(Address) 1524 E. Fayette St.

15-MAR 29 1915. ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 1915, to March 26 1915, that I saw him alive on March 26 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma & Bronchitis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W. W. Mowry M. D.

....., 191... (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs. .....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Zamoch Cem. DATE OF BURIAL, Mar 29th 1915.

20-UNDERTAKER Harry A Dodery ADDRESS 1723 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83962

CERTIFICATE OF DEATH.

91 C83962

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Fayette St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Merle Clark

(Residence in Baltimore: No. 701 N. Fayette St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 27 (Day), 1914 (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Roy Clark

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Lydia Kello

13-BIRTHPLACE OF MOTHER (State or Country). New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lydia Clark

(Address)..... 701 N. Fayette

15- Filed MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1915, to March 27 1915; that I saw h.. alive on March 27 1915; and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

.....Pneumonia - Lobular
Influenza - The baby was sent out of
the Child's Hosp. last night very ill. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Insufficiency

(Duration) ....yrs. X mos. X ds.

(Signed)..... E. Oliver Murray M. D.

....., 191... (Address) 1221 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar. 29, 1915.

20-UNDERTAKER W. J. Tickner & Son ADDRESS Penna. Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Murray - 1221 W. Lafayette Ave

C83963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C83963

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2522 Guilford Avenue ; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Andrew Jackson Burke

(Residence in Baltimore: No. 2522 Guilford Avenue ; 7 yrs. 7 mos. 12 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 28, 1851 (Month) (Day) (Year)

7 AGE: 63 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Time Keeper, Crown Cork & Seal Co.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Andrew Jackson Burke

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Ann Louise Airey

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Peabody Burke

(Address) 2522 Guilford Ave

15 Filed MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 27, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1915, to March 27 1915, that I saw h/m. alive on March 27, 1915, and that death occurred, on the date stated above, at 10-40 A m.

The CAUSE OF DEATH* was as follows:

Epithelioma of the Stomach, No Post Mortem Examination but the symptoms were all unmistakable and prominent

ABOUT

(Duration) — yrs. 5 mos. ds

Contributory (SECONDARY) Hypostatic Congestion of Lungs with some degree of Pneumonia (Duration) — yrs. — mos. 10 ds.

(Signed) D. W. Cathell M. D.

March 27, 1915 (Address) 1636 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Mar 29, 1915

20 UNDERTAKER: W. J. Tichnor & Son ADDRESS: Pimlico Md.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83964

CERTIFICATE OF DEATH.

119 C83964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 W. Lanvale St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edelmore C. Allison

(Residence in Baltimore: No. 1730 W. Lanvale St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 21, 1911
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, J. Philip Allison

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER, Elenor Townsend

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elenor Allison

(Address) 1730 Wilmington Ave.

15- Filed MAR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 1915, to March 27th 1915, that I saw h[illegible] alive on March 26th 1915, and that death occurred, on the date stated above, at 12:00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Dropsy - Anemia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Joh. Nicholls M. D.

March 27th 1915. (Address) 401 N. Gilmor Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 31 1915

20-UNDERTAKER W. F. Turnbaugh Sons — ADDRESS Norwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83965

8

56

C83965

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Maryland General Hospital, ST.: Linden ave.& Madison st. WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Tawney,

(Residence in Baltimore: No. 1518 N. Bradford st. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, May (Month) 1st (Day), 1859. (Year)

7-AGE.	If LESS than 1 day,
55 yrs. 10 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Landscape
(b) General nature of industry, business, or establishment in which employed (or employer): florist florist

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Frederick W. Tawney,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Ellen Hill,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William C. Tawney, jr. son,

(Address) 1518 N. Bradford street.

15- ROBERT . KRAUTER,
Filed MAR 29 1915 191 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic alcoholism
et
exposure.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Mar. 29., 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ft Clerk Cem — DATE OF BURIAL, March 31, 1915

20-UNDERTAKER Wm Cook — ADDRESS 5026 Belair

Spec.—8-24-14—M. & T.—2000 Bks.

C8:3966

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Lennan
731 N. Patterson Park ave
42 C8:3966

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N Luzerne av. ST.; 7 X WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha J Hurley

(Residence in Baltimore: No. 819 N. Luzerne av. St.; .....yrs.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH Dec. 9, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 19 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), George Town Del

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), George Town Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David N. Hurley

(Address) 819 N. Luzerne Ave

15- MAR 29 1915 ROBERT J. KRAUSER, Filed....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1915, to Mch 28 1915, that I saw h[illegible] alive on Mch 27 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri Rectum
Bladder Ureters etc
Operation at Trenton N.J. March 1915
Microscopic Exam.
CONTRIBUTORY (Secondary) No Operation
(Duration) 1 yrs. mos. ds.

(Signed) Alma B Lennan M. D.
Mch 28, 1915. (Address) 731 N Patterson Pk ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. X mos. 4 da. In the State .....yrs. .....mos. .....da.

Where was disease contracted, if not at place of death?

Former or usual residence Trenton N J

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lutheran Cem	March 31, 1915

20-UNDERTAKER	ADDRESS
Wm Cook	502 E. Monument Ave

FILED

3073

Spec.—8-24-14—M. & T.—2000 Bks.

C83967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C83967
REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 708 South Lakewood St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Rupp

(Residence in Baltimore: No. 708 South Lakewood ave St.; 65 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 31, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 3 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Julius Rupp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Neubert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Rupp

(Address) 708 S. Lakewood Ave.

15- Filed MAR 29 1915, 191... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1914, to March 27th 1915, that I saw her alive on March 22 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma Uteri
No operation
Pneumonia Lobar
Contrib. Exhaustion

(Duration) ... yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

March 28, 1915. (Address) 10 S. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, U. S. National Cemetery — DATE OF BURIAL, 3/31, 1915

20-UNDERTAKER Wm Cook — ADDRESS 352 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Fowler 712 S. Chapel

C83968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C83968

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Wayne ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Stewart

(Residence in Baltimore: No. 619 Wayne St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, abt 50 yrs. ....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unobtainable

11-BIRTHPLACE OF FATHER (State or Country), Unobtainable

12-MAIDEN NAME OF MOTHER, Unobtainable

13-BIRTHPLACE OF MOTHER (State or Country), Unobtainable

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Stewart

(Address) 619 Wayne

15- MAR 29 1915 Filed....., 191..... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1914, to March 26 1915, that I saw h.. alive on March 25 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Lobar (C.V.S.)

.....

.....

..... (Duration).....yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs. 7 mos. 14 ds.

(Signed) D. B. Harris M. D.

March 29, 1915 (Address) 712 S. Chapel St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, 3/29/15, 191.5.

20-UNDERTAKER William Cook — ADDRESS 507 E North

3972

C83969 HEALTH DEPARTMENT—CITY OF BALTIMORE C83969

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2031 E Oliver ST.: 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H Hoeck

(Residence in Baltimore: No. 2031 E Oliver St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Mch (Month) 25 (Day) 1915 (Year)

7-AGE: ....yrs. ....mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John P Hoeck

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Barbara M Krapf

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Hoeck

(Address) 2031 E Oliver St

15- MAR 29 1915 Filed ROBERT J. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Suffocation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah V Russell M. D. (Coroner.)

Mch 29th, 1915. (Address) 403 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	March 31, 1915.
20-UNDERTAKER	ADDRESS
Henry Hoeck	1301 E Eager St

C83970

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83970

75

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1017 E Balto. Presbyter. E E N.J. St. 8th Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Williams

(Residence in Baltimore: No. 1057 N. Dallas St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Widower

6-DATE OF BIRTH ..... November ....., 1848
(Month) (Day) (Year)

7-AGE 67 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER John Williams

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Mary .....

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Shephard

(Address) 1716 McCulloh

15 ..... COUNTY, MAR 29 1915 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22, 1915, to March 26 1915, that I saw h[illegible] alive on March 26, 1915, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) Orbital Abscess

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Williams Aspare M. D.

Mar 26, 1915. (Address) 1603 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1057 N Dallas St

19-PLACE OF BURIAL OR REMOVAL Ashley Cemetery — DATE OF BURIAL Mar 30th 1915

20 UNDERTAKER Chas E Bailey — ADDRESS [illegible] Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83971 C83971

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. Lombard & Greene ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Carrie Brown

(Residence in Baltimore: No. 501 Frederick ST.; Brooklyn Md Co. inmate yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Own

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, August Stine

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anne Mardach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Friend

(Address) 501 Frederick St

15- ROBERT . KRAUTER, Registrar.

Filed MAR 29 1915 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-22-1915, to 3-26-1915, that I saw her alive on 3-26-1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus & Chronic Parenchymatous Nephritis (Duration) 5 yrs. mos. ds.

(Signed) M. L. Leibenberg M. D.

3-26-, 1915. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ✓ ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 501 Frederick St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL 3-29-1915

20-UNDERTAKER E & B Hasle

ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79C83972

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 E Clement St.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Dankoff.

(Residence in Baltimore: No. 126 E Clement St.; unknown yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January (Month) 11th (Day), 1841 (Year)

7-AGE, 74 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known.

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Dankoff

(Address) 108 N. Randall St

15- ROBERT , KRAUTER,

Filed MAR 29 1915 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4th 1915, to Mch 26 1915, that I saw her alive on Mch 26th 1915, and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation Dilatation

Autopsy (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Jaundice

(Duration) yrs. 2 mos. ds.

(Signed) H. H. Hayden M. D.

Mch 28th, 1915. (Address) 1425 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cath — DATE OF BURIAL, 3—30, 1915

20-UNDERTAKER E & B Hasle — ADDRESS 115 E Read St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C83973

GV C83973

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Greene ST.; 4 WARD)

2-FULL NAME Tofele Atropas

(Residence in Baltimore: No. 225 S. Greene St. alt. St.; 16 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, unknown (Month) (Day), 1885 (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stove Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Peter Paukztis.

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph D. Trotsun

(Address) 225 S. Greene St.

15- Filed MAR 29 1915, 191. ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to March 28 1915, that I saw her alive on March 27 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Diarrhoea Debility

(Duration) yrs. mos. 1 ds.

(Signed) J. M. Driscoll M. D.

Mar 28, 1915 (Address) 621 Columbia Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem.

DATE OF BURIAL, March 30 1915.

20-UNDERTAKER John Grelliauckas

ADDRESS 500 S. Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83974

CERTIFICATE OF DEATH.

92 C83974

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Johns Hopkins Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Mumford.

(Residence in Baltimore: No. Hotel Stafford St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 19 (Day), 18 56 (Year)

7-AGE, 58 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John C. Taggert

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- MAR 29 1915 ROBERT . KRAUTOFF

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 25 1915, to Mar. 28 1915, that I saw her alive on Mar. 28 1915, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 8 ....ds.

CONTRIBUTORY (Secondary) Pneumococcus septicaemia

..... (Duration) ....yrs. ....mos. 4 ....ds.

(Signed) J. Jamney Smith M. D.

Mar. 29, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 3 ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hotel Stafford

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New York N. Y.	March 31 1915.

20-UNDERTAKER	ADDRESS
Henry W Justice Exp Co	W Fallsway & Preston

C83975 HEALTH DEPARTMENT--CITY OF BALTIMORE C83975

CERTIFICATE OF DEATH

92

Registered No. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 915 Mc Donogh St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adeline Cobbzer

(Residence in Baltimore: No. 915 Mc Donogh St.; Life ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feby (Month) 1st (Day), 1847 (Year)

7 AGE: 68 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balti City

PARENTS

10 NAME OF FATHER: Thomas Johnson

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Cook

(Address) 915 Mc. Donogh St

15 MAR 29 1915

MAR 29 1915

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 28 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1915, to, March 28 1915, that I saw her alive on March 28, 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ... yrs. ... mos. 8 ds

Contributory (SECONDARY): Cy Lanstine

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Alex S Sage M. D.

3/28, 1915. (Address) 789 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel cemetery | DATE OF BURIAL: March 30, 1915

20 UNDERTAKER: Milton Davis | ADDRESS: 160 McElderry St

over

C83976

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83976

CERTIFICATE OF DEATH

152

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 438 E. Clement ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary M. Gillece

(Residence in Baltimore: No. 438 E. Clement St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH March 27, 1915
(Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, 6 hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Gillece

11 BIRTHPLACE OF FATHER (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Katie Welsh

13 BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Welch

(Address) 438 S. Clement St.

15 MAR 29 1915 Filed ....., 191 ..... HARRY O. ANDREWS, Special Deputy Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1915, to March 27, 1915, that I saw her alive on March 27, 1915, and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

Injury to Chest during Normal Labor.

..... (Duration) ..... yrs. ..... mos. 6 hrs.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Levy M. D.

March 29, 1915 (Address) 1107 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL March 29, 1915

20 UNDERTAKER W. J. M. Lehmann | ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C83977 C83977

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

20

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1028 N. Mount St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Tierney

(Residence in Baltimore: No. 1028 N. Mount St. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	married

6 DATE OF BIRTH Unknown, 1853
(Month) (Day) (Year)

7 AGE 62 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER John Gildea

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Morgan

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Patrick E. Tierney

(Address) 1028 N. Mount St.

15 Filed MAR 29 1915, 191 HARRY O. ADLER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 28th, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 19th, 1915, to March 28th 1915, that I saw h— alive on March 28th, 1915, and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:

Death was the direct result of blood poisoning from an infected corn (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. L. Davis M. D.

March 29, 1915 (Address) D. L. Davis

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar. 31, 1915
20 UNDERTAKER Jos B Cook.	ADDRESS 1003 W Baltimore St

C83978

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C83978

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 N. Monroe ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Virginia Kerr

(Residence in Baltimore: No. 326 N Monroe St.; 2 yrs. 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 23 (Day) 1912 (Year)

7-AGE: 2 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles F Kerr

11-BIRTHPLACE OF FATHER (State or country): West Virginia

12-MAIDEN NAME OF MOTHER: Elizabeth Machen

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Chas. Kerr

(Address): 326 N Monroe

15- Filed MAR 29 1915, 191.....

HARRY O. ANDERSON
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1915, to, March 29 1915, that I saw her alive on March 29 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis + Enteritis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A Coe M. D.

3-29, 1915 [Address] 541 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 31, 1915

20-UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C83979

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83979

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 S. Poppleton St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena Clark

(Residence in Baltimore: No. 336. S. Poppleton St.; 14 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 6th 1870, 1 (Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country) Lancaster Pa.

PARENTS.

10-NAME OF FATHER, Alfred P. Hart

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary E. Gilgore

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter A. Hart

(Address) 1710 Sargent St

15- FILED MAR 29 1915 191.. HARRY C. ANDREWS, Special Deputy Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1915, to March 27 1915, that I saw h[illegible] alive on March 27 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

(Signed) Richard D. Dixon M. D.

Mar 29 1915 (Address) 912 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Mar 30, 1915

20-UNDERTAKER Joseph E. Cook — ADDRESS 1003 N. Pine St

Spec.—5-19-13—M. & T.—500 Bks.

C83980 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C83980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1133 McHenry ST.; 21 WARD)
2-FULL NAME Mary Armling
(Residence in Baltimore: No. 733 McHenry St)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Sex 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Married

6-DATE OF BIRTH, July 11, 1844
(Month) (Day) (Year)

7-AGE 70 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McHugh

(Address) 733 McHenry St

15- MAR 29 1915 MARY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 28, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 1912, to Mar 28 1915, that I saw h[illegible] alive on Mar 27 1915, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Aortic Regurg

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) John G. Schwensberg M. D.

Mar 29 1915 (Address) 1120 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, Mar. 31, 1915

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 N Bath St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83981

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C83981

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 W Balt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard F Kalb

(Residence in Baltimore: No. 1903 W Pratt 21 St.; 26 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Mar. (Month) 27 (Day) 1894 (Year)

7-AGE 20 yrs. 4 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Frank Kalb

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Annie M. Hiles

13-BIRTHPLACE OF MOTHER (State or country): Perry Hill Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Eva Emrolf

(Address) 1903 W. Pratt St

15- MAR 29 1915. HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 3 (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1915, to, Mar 29 1915, that I saw h[illegible] alive on Mar 29 1915, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

One week under my care.

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Weakness

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Wm L Ramsey M. D.

3 29 1915 [Address] 1302 Mt Vernon Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: April 1, 1915

20-UNDERTAKER: Jos. L. B. Cook ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83982

CERTIFICATE OF DEATH.

81 C83982

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N. Caroline ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Snow

(Residence in Baltimore: No. 1218 N. Caroline St.; 3 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, December 14, 1822 (Month) (Day) (Year)

7-AGE, 92 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Capt. Chas G. Snow

11-BIRTHPLACE OF FATHER (State or Country): Mass

12-MAIDEN NAME OF MOTHER: Cynthia Wright

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Snow

(Address) 115 Roland ave

15- Roland Park

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1915, to March 25, 1915, that I saw h[illegible] alive on March 27, 1915, and that death occurred, on the date stated above, at 12.15 a. m.

The CAUSE OF DEATH* was as follows:

Cystitis - Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 9 yrs. 11 mos. 7 ds.

(Signed) George H. Hartman M. D.

March 29, 1915 (Address) 1121 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Mar. 30..., 1915

20-UNDERTAKER John B Spence — ADDRESS 1325 N Caroline St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C83983

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S Castle. ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Laura Myers

(Residence in Baltimore: No. 217 Castle Sh St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 15 (Month) (Day), 1851 (Year)

7-AGE, 63 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Gromans

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johannah Gaudes

(Address) 941 Risquith st

15- MAR 29 1915 Filed....., 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1915, to March 27 1915, that I saw h.r alive on March 27 1915, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Ascites

(Duration) 1.0 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.

3/28, 191.5. (Address) 802 Virginia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 30, 1915
20-UNDERTAKER	**ADDRESS**
Christian Miller	2[illegible] Hoffman St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C83984 HEALTH DEPARTMENT—CITY OF BALTIMORE 186 C83984

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2211 Canary Court ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Manning

(Residence in Baltimore: No. 2211 Canary Court St., ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH: Oct 29, 1871 (Month) (Day) (Year)

7-AGE: 43 yrs. 5 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Cement

9-BIRTHPLACE, (State or Country): Pennsylvania Pa

PARENTS.

10-NAME OF FATHER: Edw Manning

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Annie Clark

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw Manning

(Address) 225 N Washington ave

15- Filed MAR 29 1915 MARY O ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumatic Asphyxiation

Accident - Struck by Locomotive

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Crushing injuries

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Jeffers M. D. (Coroner.)

Mch 29, 1915. (Address) 511 E Lexington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	March 30, 1915
20-UNDERTAKER Geo A. Farley	ADDRESS Fulton & Lanvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C83985

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83985

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 832 W. North Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarita F. Miles

(Residence in Baltimore: No. 832 W. North. AGE 57 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: January 17, 1858 (Month) (Day) (Year)

7-AGE: 57 yrs. 2 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: John Jubman Ford

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Martha Washington Wyatt

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm G. B. Miles

(Address) 832 W. North ave.

MAR 29 1915 Filed 191

HARRY O. ADLER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1915, to 3-29 1915, that I saw h[er] alive on 3-29, 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 28 ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) Arthur G. Barrick M. D.

3-29, 1915 (Address) 163 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Apr 1 1915

20-UNDERTAKER: George J. Smith.

ADDRESS: Fayette & Co.

C83986

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83986

CERTIFICATE OF DEATH

154

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 224 W Lanvale ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Constance Coffield.

(Residence in Baltimore: No. 224 W. Lanvale St.: 71 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~ (If ~~so~~, the word): Widowed

6 DATE OF BIRTH: Feby 28 (Month), 1821 (Day) (Year)

7 AGE: 94 yrs. 1 mos. — ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): France

PARENTS

10 NAME OF FATHER: John Keppler

11 BIRTHPLACE OF FATHER (State or country): France

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): France

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse Slingluff
(Address) 701 Mer. Trust Bldg.

15 Filed MAR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 28th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1914, to March 28th 1915, that I saw her alive on March 28th, 1915, and that death occurred, on the date stated above, at 1030 P m.
The CAUSE OF DEATH* was as follows:

Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY): None (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Nellie V. Mark M. D.
March 29th, 1915 (Address) 823 Hamilton Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lauden Park — DATE OF BURIAL: March 31, 1915

20 UNDERTAKER: E. M. Mitchell — ADDRESS: 1201 W. Fayette St.

C83987

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9th C83987

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 745 N. North ave, 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Virginia King

(Residence in Baltimore: No. 745 N North Ave ~~X~~ 71 yrs. 0 mos 25 ds.)

N. B.—Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March (Month) 3 (Day) 1844 (Year)

7-AGE: 71 yrs. 0 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: James Brownel

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Louisa Willis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Allen

(Address) 745 N. North ave

15- Filed MAR 30 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 28 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1915, to, March 28 1915, that I saw h.. alive on March 28 1915, and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) — yrs — mos 1 ds.

Contributory (SECONDARY) Pulmonary Congestion

(Duration) — yrs — mos 7 ds.

(Signed) D H Slaney M. D.

Mar 28 " 1915 [Address] 1108 S. Edmondson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: March 30 1915

20-UNDERTAKER: E. M. Mitchell — ADDRESS: 120 W. Fayette St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C83988

CERTIFICATE OF DEATH

28 C83988

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 421 E. 24th St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Green.

(Residence in Baltimore: No. 421 E. 24th St.; 54 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Col | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: — (Month) — (Day), 1861 (Year)

7-AGE: 54 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Thos. Baynard

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Ellen Saunders

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adelaide Jennings

(Address) 421 E. 24th St.

15. Filed MAR 30 1915. 191.. ROBERT J. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1915, to March 29 1915, that I saw h[illegible] alive on March 28, 1915, and that death occurred, on the date stated above, at 5.30 p. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis
(Lungs)

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Hemorrhage of Lungs

(Duration) ... yrs. ... mos. 2 ds.

(Signed), Hugh Forsythe M. D.

March 29, 1915. (Address) 1246 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: March 30th, 1915

20-UNDERTAKER: George W. Holland

ADDRESS: 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83989 C83989

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Greenmount ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marie King

(Residence in Baltimore: No. 800 Greenmount Ave St.; 22 yrs., 6 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 20 (Month) (Day), 1892 (Year)

7-AGE, 22 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Patrick J. King

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Gahan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Patrick J. King

(Address) 800 Greenmount Ave

15- MAR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1915, to March 29 1915, that I saw h[illegible] alive on March 28 1915, and that death occurred, on the date stated above, at 8 a.m. 9 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisies (Intercostal)

(Duration) yrs. mos. 3 d. ds.

(Signed) Wm Reaves M. D.

March 29 1915 (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 31, 1915

20-UNDERTAKER Henry Houck Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83990 — 92 C83990

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Hertel

(Residence in Baltimore: No. 9 N. Duncan st St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 8 (Day) 1850 (Year)

7-AGE, 50 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick setter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, John Hertel.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Vogelsang.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Hertel

(Address) 9 N. Duncan St

15- MAR 30 1915 ROBERT , KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1915, to Mar 29 1915, that I saw him alive on Mar 29 1915, and that death occurred, on the date stated above, at 930 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) H. H. Warner M. D.

Mar. 29, 1915. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 9 N. Duncan st

Former or usual residence 9 N Duncan st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Mar. 31, 1915.
20-UNDERTAKER Henry Horn Son	ADDRESS 1301 E Eager st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83391

CERTIFICATE OF DEATH.

45 083991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Traction Ave ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lindner

(Residence in Baltimore: No. 1514 Traction Ave St.; 32 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) unknown (Day), ... (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Lindner

(Address) 1514 Traction St

15- Filed MAR 30 1915, 191.. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1914, to Mar 28 1915, that I saw h[illegible] alive on Mar 28 1915, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

No Other Pathological Process

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Schulz M. D.

Mar 29, 1915. (Address) 2505 Cuma Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Mar. 30, 1915

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Pa Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 5392

CERTIFICATE OF DEATH.

92 C 5392

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Murphy

(Residence in Baltimore: No. 1005 W. Lombard St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, James Cummings

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Jane Cummings

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Murphy

(Address) 1005 W. Lombard St.

15- MAR 30 1915 , KRACTER, Filed ..... Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to March 29 1915, that I saw h-r alive on March 29 1915, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) Arthritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John L. Sowers M. D.

3-30, 1915 (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, March 31, 1915

20-UNDERTAKER John J. Cowan — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83993

CERTIFICATE OF DEATH.

5 79 C83993

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cavan

Residence in Baltimore: No. 310 N Eden St.: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 4, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 0 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. L. Gibson

(Address) 310 N Eden St

15- Filed MAR 30 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1915, to Mar 28 1915, that I saw h[illegible] alive on March 26 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

contra (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Heart Disease

well (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward Taylor M. D.

3/29, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, March 30, 1915

20-UNDERTAKER John W Henderson — ADDRESS 31 N Caroline St

C83994

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C83994

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1818 St Paul St. St. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pattie L. Robinson

(Residence in Baltimore: No. 1818 St Paul St St.: 9 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: Dec 9, 1848 (Month) (Day) (Year)

7-AGE: 66 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Essex Co. Va.

PARENTS

10-NAME OF FATHER: Joseph J. Goodman

11-BIRTHPLACE OF FATHER (State or country): Essex Co. Va

12-MAIDEN NAME OF MOTHER: Fanny Johnston

13-BIRTHPLACE OF MOTHER (State or country): Essex Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie R. Robinson

(Address) 1818 St Paul St.

15. Filed MAR 30 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1915, to Mar. 29 1915, that I saw h[illegible] alive on Mar. 29, 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorhage

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Lehmeyer M. D.

Mar. 29, 1915 (Address) 127 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bowlers Essex Co Va — DATE OF BURIAL: Mch 30, 1915

20-UNDERTAKER: Jos L Cook — ADDRESS: 1053 N Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83995

CERTIFICATE OF DEATH.

64 C83995

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Milton Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C. Elliott

(Residence in Baltimore: No. 603 S. Milton Ave St.; 45 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 19 (Day), 1842 (Year)

7-AGE, 72 yrs. 7 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gov. Grunewald

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvey Elliott

(Address) 603 S. Milton Ave

15- Filed MAR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1914, to March 28 1915, that I saw her alive on March 26 1915, and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Chas. S. Rice M. D.

3/29/15 191... (Address) 1708 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF INTERMENT OR REMOVAL, St Paul's Cemetery — DATE OF BURIAL, March 30th, 1915

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C83996 — 91 C83996

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 423 N. Spring St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willis Mosher

(Residence in Baltimore: No. 423 N. Spring St.; yrs. 8 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Blk | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 12th (Day), 1914 (Year)

7-AGE: ..... yrs. 8 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Albert Mosher

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sarah Henson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Mosher

(Address) 423 N. Spring

15- Filed MAR 30 1915, 191 — ROBERT F. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1915, to, March 29 1915, that I saw h~~im~~ alive on " 28 1915, and that death occurred, on the date stated above, at 12.30A m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) None

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Jacob L Wiesman M. D.

3-29, 1915 [Address] 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: March 30 1915

20-UNDERTAKER: R C Groll — ADDRESS: 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

083997

CERTIFICATE OF DEATH.

113 083997

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Boarman

(Residence in Baltimore: No. 612 E Pratt St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 26, 1866
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Boarman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Keeper Mercy Hosp

(Address) Cahvert St

15-
Filed MAR 30 1915, 19.... HENRY . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 19 1915, to Mar 29 1915, that I saw h.. alive on Mar 29 1915, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) Did not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Lobular Pneumonia

(Duration) yrs. 7 mos. ds.

(Signed) Edward Lenich M. D.

Mar 29, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 10 ds. In the State 9 yrs. mos. ds.

Where was disease contracted, if not at place of death? 612 E Pratt St

Former or usual residence 612 E Pratt St

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, MAR 29 1915 (1st)

20-UNDERTAKER Commissioner Health ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK.

Spec.—5-19-13—M. & T.—500 Bks.

C83998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C83998

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1933 Patterson Park ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Kerler

(Residence in Baltimore: No. 1933 Patterson Park ave St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 30, 1877
(Month) (Day) (Year)

7-AGE, 37 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles F. Kerler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Kerler

(Address) 1933 Pattenon Park ave

15- Filed MAR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20 1915, to Mar 29 1915, that I saw h- alive on Mar 28 1915, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Russell Mc[illegible] M. D.

3/29, 1915 (Address) 802 Gregory St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, ..., 1915
London Park	April 1
20-UNDERTAKER Fiedler & Fiedler	ADDRESS 1839 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C83999

CERTIFICATE OF DEATH.

91 C83999

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 309 S. Fulton ST.) 19 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Benner

(Residence in Baltimore: No. 309 S. Fulton Ave St.; 49 yrs. 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 21, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Abiller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dentina Bentz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Mrs. Wm. Benner

(Address) 309 S. Fulton Ave

15- Filed MAR 30 1915 ROBERT . KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 18 1915, to Mch. 28 1915, that I saw h[er] alive on Mch. 27 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia & Comer Lob
of right lung

(Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis of Heart

(Duration) ..... yrs. 1 mos. 1 ds.

(Signed) E. K. Watson M. D.

Mch. 30, 1915. (Address) 1735 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Mch. 31. 1915.

20-UNDERTAKER Jas Jacobs & Son ADDRESS 217 S. Pen

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84000 HEALTH DEPARTMENT—CITY OF BALTIMORE C84000

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.... 2718 O'Donnell ST.; 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M. Monck

(Residence in Baltimore: No. 2718 O'Donnell St.; yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feby 10th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Monck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frances Zilinski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frances Monck

(Address)..... 2718 O'Donnell St

15- Filed MAR 30 1915, 191... ROBERT J. KRAUTER Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Probably

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Jones M. D.
(Coroner.)

March 29 1915 (Address) 3116 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	March 31 1915
20-UNDERTAKER, Stephen J. Pialkowski	ADDRESS 1019 S. Ellwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84001

CERTIFICATE OF DEATH.

92 C84001

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 North Caroline St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T. Curley

(Residence in Baltimore: No. 1516 North Caroline St. St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, December 25, 1829, (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
85 yrs. 3 mos. 4 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Connelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Corley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Charles A. Bannan

(Address)..... 502 East 39th St.

15- Filed MAR 30 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1915, to March 29 1915, that I saw h[er] alive on March 28 1915, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (about 4 days)

Pulmon. Edema

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. T. Corley M. D.

March 29, 1915. (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	3/31/15, 191...
20-UNDERTAKER, Henry W. Means & Son	ADDRESS 806 N. Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEE 25 CENTS

Spec.—5-19-13—M. & T.—500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84002

CERTIFICATE OF DEATH.

81 C84002

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Mosher ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Carr

(Residence in Baltimore: No. 515 Mosher St St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 1 (Month) (Day) 1 (Year)

7-AGE. 78 yrs. 7 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Carr

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Indiana Caldwell

13-BIRTHPLACE OF MOTHER (State or Country) Elkton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm T. Carr Jr.

(Address) 515 Mosher St

15- ROBERT J. KRAUTER, Burial Permit Clerk

Filed MAR 30 1915 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1915, to Mch 29 1915, that I saw h[illegible] alive on Mch 28 1915, and that death occurred, on the date stated above, at 7½ m.

The CAUSE OF DEATH* was as follows:

Primal Arteria Sclerosis

(Duration) 1 yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. D. McCaard M. D.

3/29, 1915 (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 31, 1915
20-UNDERTAKER John A. Bishop	ADDRESS 117 Hilton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D C84003

64 C84003

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1310 John St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Weinrich

(Residence in Baltimore: No. 1310 John St. St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, unknown, (Month) (Day) 1825 (Year)

7-AGE, 90 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. H. Caywell

(Address) 1310 John St.

15- Filed MAR 30 1915. ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1915, to Mar. 29, 1915, that I saw her alive on Mar. 29, 1915. and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) S. Lee Magness M. D.

Mar. 30, 1915 (Address) 1206 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet DATE OF BURIAL, Mch. 31, 1915

20-UNDERTAKER C. A. Fitzpatrick ADDRESS 2431 N. Monta

N. B.—Every item of information should be carefully supplied. Age, if less than one day, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84004

C84004

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1623 St Joseph ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Jennings

(Residence in Baltimore: No. 1623 St Joseph St ST.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1879 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Jennings

(Address) 1623 St Joseph St

15- Filed MAR 30 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6 P.M. to 9:30 P.M. March 29-1915, 191...., that I saw her alive on March 29 191.5, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Nephritis about 1 year
Uraemic Convulsions 3 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar P. Sandrock M. D.

Mar. 29 1915. (Address) 1407 W. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond Va	April 1, 1915.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84005 — CERTIFICATE OF DEATH. — 184 C84005

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 610 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ogle

(Residence in Baltimore: No. 610 N. Castle St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 18 (Day) 1887 (Year)

7-AGE, 27 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, John Menachem

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa ?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ogle

(Address) 610 N Castle St

15- Filed MAR 30 1915, 191... ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1915, to March 29 1915, that I saw h[er] alive on March 29 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia following abortion (Self-induced, according to statements of deceased) (Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY. (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Louis Sowal M. D.

March 30, 1915. (Address) 823 N Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, April 1, 1915

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84006

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 17 N Calhoun St.; 19 WARD)

REGISTERED No. C 67 C84006

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harriet Poor

(Residence in Baltimore: No. 17 N Calhoun St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH: About (Month) (Day), 1830 (Year)

7 AGE: 85 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Joseph Lovell

11 BIRTHPLACE OF FATHER (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Margaret Mansfield

13 BIRTHPLACE OF MOTHER (State or country): Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J.Q.Lovell

(Address) 525 N. Howard St.,

15 Filed MAR 30 1915, 19 [illegible] COURT . BRAUTE Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 20, 1915, to Mch 29, 1915, that I saw h[illegible] alive on Mch 29, 1915, and that death occurred, on the date stated above, at 2.20 p. m.
The CAUSE OF DEATH* was as follows:

Paresis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. E. Smith M. D.

Mch 29, 1915 (Address) 118 N Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Mch 31, 1915

UNDERTAKER: Chas E. Franck ADDRESS: 607 Madison Ave

C84007 HEALTH DEPARTMENT—CITY OF BALTIMORE C84007

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 837 Hollins ST. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Dearborough

(Residence in Baltimore: No. 837 Hollins St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Ethel Dearborough

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Dearborough

(Address) 837 Hollins St

15-

Filed MAR 30 1915, 191.... ROBERT . KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Broncho-Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Potter (Coroner.) M. D.

March 30, 191.5 (Address) 4 W. Saratoga Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. 1 mos. 18 ds.

Where was disease contracted, if not at place of death? Maternite - University Maryland

Former or usual residence 837 Hollins

19-PLACE OF BURIAL OR REMOVAL, Greene Cemetery

DATE OF BURIAL, March 30, 1915

20-UNDERTAKER Chas. E. Franck

ADDRESS 501 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84008

CERTIFICATE OF DEATH.

79 C84008

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Campbell

(Residence in Baltimore: No. 1300 N. Calvert St St.; ....yrs....mos....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 2, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Do not know
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Bernard Campbell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sacred Mercy Hospital

(Address) Calvert St

15- ROBERT . KRAUTER,
Filed MAR 30 1915 By ... BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 16 1915, to Mar 30 1915, that I saw him alive on Mar 30 1915 and that death occurred, on the date stated above, at 10.25 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Regurg.

Contributory Hydrothorax (ab)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ....

(Duration) about yrs. mos. 15 ds.

(Signed) Dwight H. Smith M. D.

Mar 30, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State 15 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1300 N. Calvert St

Former or usual residence 1300 N. Calvert St

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross — DATE OF BURIAL, Mar 31, 1915

20-UNDERTAKER J. C. Mudyfield — ADDRESS 914 Saratoga St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84009 — 73 — C84009

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Hollbrook ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Callaughy

(Residence in Baltimore: No. 1510 Hollbrook St.; ....yrs. ....mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Oct. (Month) 28 (Day), 1887 (Year)

7-AGE. 27 yrs. 5 mos. 1 ds. If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. David Magner

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Mary Lucoll

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Magner

(Address) 1510 Hollbrook St.

15. Filed MAR 30 1915, 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1915, to Mar. 29, 1915, that I saw her alive on Mar 29, 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Multiple neuritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Lee Magruder M. D.

Mar 30, 1915. (Address) 120 6th St Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cathedral	Mar 31, 1915

20-UNDERTAKER.	ADDRESS
H. C. Hudgfield	914 Gramm St

Wm. Warnes

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE C84010

CERTIFICATE OF DEATH.

C5610

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ambrose Marichal Meyers

(Residence in Baltimore: No. 922 McCulloh St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 1st, 1833
(Month) (Day) (Year)

7-AGE, 81 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Miners Bank

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Meyers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co.

12-MAIDEN NAME OF MOTHER Mary E. Walbert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferd. J. Meyers

(Address) 922 McCulloh St.

15- Filed MAR 30 1915 ROBERT . KRAUSE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1915, to March 29, 1915, that I saw him alive on March 29, 1915, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Convulsions.
(Duration) yrs. 7 mos. 15 ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(Duration) yrs. 1 mos. 7 ds.

(Signed) James C. Clarke M. D.

March 30, 1915. (Address) 1201 Madeleine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery.

DATE OF BURIAL, March 31st, 1915.

20-UNDERTAKER Henry H. Jenkins & Sons Co

ADDRESS 922 McCulloh & Orchard Sts.

C84011

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84011

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 911 N. Calhoun St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Joseph Schabert

(Residence in Baltimore: No. 911 N. Calhoun St. St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: September (Month) 8 (Day), 1875 (Year)

7 AGE: 39 yrs. 6 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Austria-Hungary

PARENTS

10 NAME OF FATHER: John Schabert

11 BIRTHPLACE OF FATHER (State or country): Austria-Hungary

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Austria-Hungary

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Schabert

(Address) 911 N. Calhoun St.

Filed MAR 30 1915 191

ROBERT KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 29th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th, 1915, to March 28th 1915, that I saw him alive on March 28th, 1915, and that death occurred, on the date stated above, at 7 7 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Melancholia

(Duration) ..... yrs. ..... mos. 30 ds.

(Signed), M. Kahn M. D.

....., 191..... (Address) 677 Columbia Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: March 31 1915

20 UNDERTAKER: Chester W. Hill.

ADDRESS 3109 Frederick Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84012

CERTIFICATE OF DEATH.

113 C84012

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Lancaster ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jakubowski

(Residence in Baltimore: No. 1633 Lancaster St.; 33 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1882 (Year)

7-AGE, 32 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Meat Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Kazmir Jakubowski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Wozniak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonia Wisniewski

(Address) 1633 Lancaster St

15- Filed MAR 30 1915 ROBERT , KRAUTER Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1915, to March 28 1915, that I saw h[er] alive on March 28 1915, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Larynx

(Duration) yrs. mos. 1 ds.

(Signed) Jas M Drierett M. D.

Mar. 30, 1915. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar. 31 1915

20-UNDERTAKER William Gladkowski — ADDRESS 618 Eastern

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84013

CERTIFICATE OF DEATH.

151 C84013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Bruce ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Augustus W and Margaret Clark.

(Residence in Baltimore: No. 717 N. Bruce St.; .....yrs.,.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 30 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	6 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Augustus W. Clark

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Sewell.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Clark.

(Address) 717 N. Bruce St.

15- Filed MAR 30 1915, 191. ROBERT . KRACTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1915, to March 30 1915, that I saw h[illegible] alive on Mar 30 1915, and that death occurred, on the date stated above, at 7 30 A in.

The CAUSE OF DEATH* was as follows:

.....)

.....Premature Birth

.....6 mos 2 pregnancy

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

Mar 30, 1915. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park.	3-30, 1915.
20-UNDERTAKER	ADDRESS
E. B. Hale	115 E Hoffman St

C84014

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84014

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 928 Monument St. ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Hines

(Residence in Baltimore: No. 928 Monument St. St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Black	married

6-DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

7-AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Va

PARENTS

10-NAME OF FATHER George Truman

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Lizzie .....

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Hines

(Address) 928 Monument St

15- MAR 30 1915 HENRY O. ANDREWS, Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... March (Month) 28 (Day) 191 5 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1915, to, March 28 1915, that I saw h.. alive on March 27 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

..... (Duration) ..... yrs ..... mos. 5 ds.

Contributory (SECONDARY) Heart Failure

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Wm A Smith M. D.

March 30 191 5 [Address] 928 Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Port Smouth Va — DATE OF BURIAL March 30 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Fifth Race St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

• WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84615 — 79 C84615

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 639 Jooper ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O'Neil

(Residence in Baltimore: No. 639 Jooper St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) 1 (Day) (Year)

7-AGE: 40 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE (State or country): Edwards Co Miss

PARENTS

10-NAME OF FATHER: Isaac Chen

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Robinson

(Address) 639 Jasper St

15 MAR 30 1915 Filed, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 28, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 26, 1915, to, March 28 1915, that I saw h— alive on March 28 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Pulmonary Oedema

(Duration) yrs mos 5 ds.

Contributory (SECONDARY): Organic Dis of Heart

(Duration) yrs. mos. ds.

(Signed) W. F. Norwood M. D.

March 29, 1915 [Address] 939 W Fayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemy — DATE OF BURIAL: March 1 191 5

20-UNDERTAKER: Geo H Hooker — ADDRESS: 409 Little Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

C84016

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84016

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Ward ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Edward Fields

(Residence in Baltimore: No. 1421 Ward St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 29, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Bailey Fields

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Fields

(Address) 1421 W. Ard St

15- MAR 30 1915 Filed....., 19... HARRY O. ANDREWS, Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-25-15 191... to 3-28-15 191..., that I saw h[illegible] alive on " 191..., and that death occurred, on the date stated above, at 12.30 PM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema

(Duration) yrs. mos. ds.

(Signed) J. M. Caudon M. D.

, 191... (Address) 1524 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 31, 191...

20-UNDERTAKER Jno H Hooper

ADDRESS 609 Little Vaux St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84017

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C84017

Registered No. C .....

1 PLACE OF DEATH

City of Baltimore (No. 528 Eastern Av St.: 22 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John W Hammond

(Residence in Baltimore: No. 528 Eastern Av St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Black	married

6 DATE OF BIRTH unknown ....., 1 .....
(Month) (Day) (Year)

7 AGE 43 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER John W Hammond

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Driver

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Hakins

(Address) 528 Eastern Av

15 Filed MAR 30 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30, 191 5
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 191 5, to March 30 191 5,
that I saw him alive on March 29, 191 5,
and that death occurred, on the date stated above, at 7.45 a m.
The CAUSE OF DEATH* was as follows:

Bronchitis, Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. L. Lewis M. D.

March 31, 191 5 (Address) 528 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemtery	March 31, 1915

20 UNDERTAKER	ADDRESS
Geo H Hooper	609 Littlepage St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

* WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84018

CERTIFICATE OF DEATH.

79 C84018

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1034 N. Bare ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Wagner

(Residence in Baltimore: No. 1034 N. Bare St.; 51 yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 30th, 1855 (Month) (Day) (Year)

7-AGE, 59 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Christian Weisler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Fromm

(Address) 1034 N. Bare

15- MAR 30 1915 MARY O. [illegible]
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1915, to Mar 29 1915, that I saw h[illegible] alive on Mar 28 1915, and that death occurred, on the date stated above, at 5.30 A. M.

The CAUSE OF DEATH* was as follows:

Acute Hd Bronch.

.....(Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Bronch

.....(Duration)...yrs. 2 mos.....ds.

(Signed) John G. Schwansbers M. D.

March 30, 1915 (Address) 1170 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Mar 31, 1915.

20-UNDERTAKER Mrs Mrs Jno W Crenfel ADDRESS 801 W. Fayette St

Spec.—5-19-13—M. & T.—500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84019 92 C84019

CERTIFICATE OF DEATH.

-PLACE OF DEATH

REGISTERED No. C.....

F BALTIMORE: (No. 2105 St. Paul St. ST.; 12 WARD)

(If death occurred in a Hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

ULL NAME John Henry Buckler Young

idence in Baltimore: No. 2105 St. Paul Street St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, Oct. 17, 1849 (Month) (Day) 1 (Year)

7-AGE, 65 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cashier
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Calvert

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Young

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER Mary Pyle

13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Young

(Address) 2105 St. Paul Street

15- Filed MAR 30 1915 ISAAC U. ABELL Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20th 1915, to Mar. 27th 1915; that I saw h[illegible] alive on Mar. 27th 1915; and that death occurred, on the date stated above, at 9 P, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) .. yrs. .. mos. .. ds.

(Signed) A. F. Laird M. D.

Mar. 30th, 1915. (Address) 1727 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	3/30/15.., 191...
20-UNDERTAKER	ADDRESS
Ernest Merriken	2054 Calvert

Important. See instructions on back of certificate. OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C84020

HEALTH DEPARTMENT—CITY OF BALTIMORE 16

CERTIFICATE OF DEATH.

C84020

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fonie Brown

(Residence in Baltimore: No. Bedford, Va St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov (Month) 23 (Day) 1908 (Year)

7-AGE, 6 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thomas Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie Hancock

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Brown

(Address) [illegible]

15-

Filed MAR 30 1915, 191.... Burial Permit [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 00 1915, to Mar 30 1915, that I saw h[illegible] alive on Mar 30 1915, and that death occurred, on the date stated above, at 0 45 m.

The CAUSE OF DEATH* was as follows:

foreign body in trachea

(a grain of Corn)

(Duration)....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Died at Operation

(Duration)....yrs....mos....ds.

(Signed) S. J. Crowe M. D.

Mar 30, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos. 1 ds.

Where was disease contracted, if not at place of death? Bedford, Va

Former or usual residence Bedford Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bedford City Va	Mar. 31, 1915
20-UNDERTAKER Albert C Fuller	ADDRESS 221 N Bradley

important. See instructions on back of certificate.

...ment of OCCUPATION is very ...should state ...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84021 C84021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. 1253 N. Broadway St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Franks

(Residence in Baltimore: No. 1253 N. Broadway St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 19th, 1866 (Month) (Day) (Year)

7-AGE, 48 yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John M. Baker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary J.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm M. Franks

(Address) 1253 N. Bway

15- Filed MAR 30 1915, 191.... BUREAU OF VITAL STATISTICS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1915, to March 29 1915, that I saw h.. alive on March 28 1915, and that death occurred, on the date stated above, at 12 50 M.

The CAUSE OF DEATH* was as follows:

..... A Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W White M. D.

Mar. 30, 1915. (Address) 1101 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Apr 1, 191.5

20-UNDERTAKER Philip Hennig ADDRESS 2016 Orleans

important. See instructions on back of certificate.

...e property Custodian. Each Statement of OCCUPATION is very ... should state

Spec.—8-24-14—M. & T.—2000 Bks.

C84022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Comet St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Garretson

(Residence in Baltimore: No. 1122 Comet St.; 50 yrs., 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 3rd, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Garretson

(Address) 1122 Comet St.

15- MAR 30 1915 MARY U. ANDREWS, Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to March 27 1915, that I saw h/m alive on March 27 1915 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs.....mos. 27 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Robert H. Green M. D.

March 29 1915. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Orem Cem. Stemmers Run

DATE OF BURIAL, March 30th 1915

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84023

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 W. Saratoga St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Barker

(Residence in Baltimore: No. 113 W Saratoga St.; 15 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. 4th, 1838
(Month) (Day) (Year)

7-AGE, 76 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Painter

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Elija Barker

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Sarah Powell

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. A Scranton

(Address) 113 W Saratoga St

15-

Filed MAR 30 1915 MARKET C ARCHER, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1915, to March 30 1915; that I saw h[illegible] alive on March 29th 1915, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W K Carnahan M. D.

Mar 30, 1915. (Address) 112 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pittsburg Pa

DATE OF BURIAL, Mar 30th, 1915

20-UNDERTAKER E. F. Baecker

ADDRESS 723 Whpe

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84024 HEALTH DEPARTMENT—CITY OF BALTIMORE C84024

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Lemmon St ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ann Lear

(Residence in Baltimore: No. 532 Lemmon St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 21, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank B. Lear

(Address) 532 Lemmon St

15- Filed MAR 30 1915, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 191 5, to March 29 191 5, that I saw h alive on March 27 191 5, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. P. Kennedy M. D.

3-29, 191.5 (Address) 3147 Auburn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Hampden — DATE OF BURIAL, March 31, 191.5

20-UNDERTAKER Thanhouser & Son — ADDRESS 3615-17 Chestnut Ave

Important. See instructions on back of certificate. Incomplete statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C84025

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 C84025

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Christoph

(Residence in Baltimore: No. 3622 Cedar Ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) ....., 1862 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Howard Bennett

(Address) 3622 Cedar Ave

15- MAR 30 1915 Filed....., 191..... HARRY O. ARLETT, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1915, to March 28 1915, that I saw her alive on March 28 1915, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Traumatic Amputation Cervix

Uterus

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Wm R Straight M. D.

3/29, 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 Days In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 3622 Cedar Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Marys Cemetery	March 31, 1915
20-UNDERTAKER Lilly-Zeller	ADDRESS 1033 Wolfe St

Important. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C84026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C84026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Argyle Av ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Wright

(Residence in Baltimore: No. 1543 Argyle Ave St.; 21 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 17, 1895
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Dept Sergeant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Wright.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Hayfield.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. Wright

(Address) 1543 Argyle Ave

15 MAR 30 1915 Filed....., 19... Daniel O. Andrews, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1915, to Mar 28 1915, that I saw him alive on Mar 28 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) Last Dec 1914

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul L Brown M. D.

Jan 29, 1915 (Address) 1837 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Stone Chapel	March 31, 1915

20-UNDERTAKER Balto Co Mtl ADDRESS 502 E Fayette

Wm Cook

Important. See instructions on back of certificate. Statement of OCCUPATION is very

C84027

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C84027

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2009 E Oliver St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Annie Linzey

(Residence in Baltimore: No. 2009 E Oliver St. St.; 78 yrs. 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April 14 1836 (Month) (Day) (Year)

7-AGE: 78 yrs. 11 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Maid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: George Van Sant

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mr. Ross

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary E Keener

(Address): 2009 E Oliver St

MAR 30 1915

Filed ..... 191.....

Isaac C. Adkins, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. ..., 1913, to, March 29, 1915, that I saw h.. alive on ... 28 1915, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
No operation - Rec'd (Radium Treatment)
" Months (Duration) yrs mos ds.
Contributory (SECONDARY) Carcinoma
(Duration) yrs 1 mos 11 ds.

(Signed), Geo. A. Hartman M. D.

March 29 1915 [Address] 1121 N. Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt X Olivet

DATE OF BURIAL: 3/30 1915

20-UNDERTAKER: William Cook

ADDRESS: 507 E Northern

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84028

CERTIFICATE OF DEATH.

79 C84028

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. NE Cor Myrtle ave & Saratoga St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Whitney.

(Residence in Baltimore: No. cor Myrtle & Saratoga St.; 77 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, ... Mar (Month) 29 (Day), 1838 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. 0 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Don't Know.

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ida Noble

(Address) 432 N. Carey St.

MAR 30 1915

Filed....., 191.. HARRY O. ARLES, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1915, to Mar 27 1915, that I saw h[illegible] alive on Mar 29 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Valv. Dis. of Heart

Dyspnea & edema of lungs

Contributories: (Secondary) Arteriosclerosis

Chronic nephritis (Duration) Several yrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) A. H. Carton M. D.

Mar 29, 1915. (Address) 432 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westen Cem	April 1..., 1915
20-UNDERTAKER	ADDRESS
Wm Cook	602 E. Monument

important. See instructions on back of certificate.

C84029

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84029

100

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Balto Eye, Ear & Throat Hosp ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Jacobs

(Residence in Baltimore: No. 134 S Bond St., yrs., 37 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coat maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Solomon Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Morris

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Jacobs

(Address) 134 S Bond St

15-
Filed MAR 30 1915, 191. BUREAU OF VITAL STATISTICS, Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Glottis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Retro-Pharyngeal Abscess

(Duration) 2 yrs. mos. ds.

(Signed) D. J. Jeffers M. D.
(Coroner.)

March 30, 1915. (Address) 413 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 4 ds. In the State 37 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 134 S Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Mar. 31, 19.15

20-UNDERTAKER S. Lewis & Bro — ADDRESS 1107 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84030

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Brentwood av ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Wright

(Residence in Baltimore: No. 1103 Brentwood av. St.; ....yrs., 2 mos. 0 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. January 24, 1915
(Month) (Day) (Year)

7-AGE. — yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. James Wright

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Catherine Lynn

13-BIRTHPLACE OF MOTHER (State or Country). New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Wright

(Address) 1103 Brentwood

15-MAR 30 1915 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1915, to March 28 1915, that I saw her alive on March 28 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Jas A Bonsall M. D.

March 29 1915 (Address) 107 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Md	Mar 30, 1915
20-UNDERTAKER Gilbert-James	ADDRESS 1121 N Bway

Important. See instruction on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84031

1-PLACE OF DEATH

CERTIFICATE OF DEATH

47 V C84031

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1921 Division St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha J Hall

(Residence in Baltimore: No. 1921 Division St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	colored	married

6-DATE OF BIRTH: Don't Know (Month), ... (Day), 1875 (Year)

7-AGE: 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Randallstown Md

PARENTS

10-NAME OF FATHER: Robert Johnson

11-BIRTHPLACE OF FATHER (State or country): Randallstown Md

12-MAIDEN NAME OF MOTHER: Manerva Johnson

13-BIRTHPLACE OF MOTHER (State or country): Randallstown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Hill

(Address) 1921 Division St

15- Filed MAR 31 1915 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1915, to March 29 1915, that I saw h er alive on March 29 1915, and that death occurred, on the date stated above, at 12.20 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Exposure to infection

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Hankerson M. D.

March 31, 1915. [Address] 1232 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Thomas Cemetery Pikesville Md — DATE OF BURIAL: March 31 1915

20-UNDERTAKER: John H Owens — ADDRESS: 1111 Druid St

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84032

CERTIFICATE OF DEATH.

92 C84032

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Biddle St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa C Jones

(Residence in Baltimore: No. 542 Biddle St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, [illegible] (Month) ..... (Day), 1835 (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Peter MacDonogh

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Louisa Rich.

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ellis

(Address) 1719 Druid Hill Ave.

15-

Filed MAR 31 1915 [illegible] Burial Permit [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/29 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/25 1915, to 3/29 1915, that I saw h[illegible] alive on 3/28 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia
2. Hem.

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ellis, M. D.

3/31, 1915. (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 3/31, 1915

20-UNDERTAKER Saml F Hamby

ADDRESS 958 N Broadway

C84033

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 x 64

C84033

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 434 N. Fremont St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Russell Minnick

(Residence in Baltimore: No. 434 N Fremont St.: Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH May 9, 1897
(Month) (Day) (Year)

7-AGE 17 yrs. 10 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Wm D Minnick

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Emma A Plowman

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm D Minnick

(Address) 434 N Fremont

15. MAR 31 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1915, to Mar 29 1915, that I saw h[illegible]live on Mar 28, 1915, and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hamorrhage

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Epilepsy

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed), William E Burton M. D.

Mar 29, 1915 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: APR 1 - 1915

20-UNDERTAKER: Geo. A. Gerber | ADDRESS: Baltimore & Payson 86

IMPORTANT. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84034

1 PLACE OF DEATH

CERTIFICATE OF DEATH

191 C84034

REGISTERED No. C

CITY OF BALTIMORE (No. 604 Appleton 16 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie T. Ford.

(Residence in Baltimore: No. 604 Appleton St.; 43 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, or DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: April 10, 1845 (Month) (Day) (Year)

7 AGE: 69 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Phila., Pa

PARENTS

10 NAME OF FATHER: Thomas G. Ford.

11 BIRTHPLACE OF FATHER (State or country): England. (London)

12 MAIDEN NAME OF MOTHER: Annie W. Trustrum

13 BIRTHPLACE OF MOTHER (State or country): London, England.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edw. Ford

(Address) 604 Appleton St.

15 Filed MAR 31 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 16th, 1915, to Mar 29th 1915, that I saw her alive on Mar 29th, 1915, and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Plummer M. D.

Mar 29th, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: APR 1 - 1915

20 UNDERTAKER: Geo A. Gerber — ADDRESS: Gatto & Payson 56

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84035 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 C84035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 750 W. Franklin street, St.: 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Wambach,

(Residence in Baltimore: No. 750 W. Franklin street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, ... June (Month) 23d (Day), 1853. (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 9 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk for
(b) General nature of industry, business, or establishment in which employed (or employer)..... butcher,

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, August Wambach,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Louisa Peppler,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Wambach, sister,

(Address) 750 W. Franklin street,

15- Filed MAR 31 1915 ROSERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 29th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage occurring at time he accidentally fell from the wagon he was riding on. Duration, ... mos. ..... ds.

CONTRIBUTORY (Secondary) General paralysis and shock. (Duration) 9 yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kemp[illegible] (Coroner.) M. D.

Mar. 30, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	MAR 31 1915
20-UNDERTAKER	ADDRESS
Geo A. Gerbig	Balto & Payson 186

THIS CERTIFICATE MUST BE FILED WITH THE REGISTRAR OF VITAL STATISTICS BEFORE A BURIAL PERMIT IS ISSUED. Instructions on back of certificate.

C84036 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C84036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 223 S. Central Ave ST. 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Schneider Berman

(Residence in Baltimore: No. 223 S. Central Ave St.; yrs., 16 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1831 (Year)

7-AGE 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Berl Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Feinberg

(Address) 100 N Bond

15-MAR 31 1915 ROBERT , KRAUSE, Filed ....., 191.. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Old age (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm A Savage (Coroner.) M. D.

March 29, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale | DATE OF BURIAL, 3/31, 1915

20-UNDERTAKER Jack Levis | ADDRESS 1419 E Baltimore St

Important. See instructions on back of certificate.

D A K O D

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84037

CERTIFICATE OF DEATH

89 C84037

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1732 Light St. ST.: 23 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James H. Lowry

(Residence in Baltimore: No. 1732 Light St. / St.: 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: April (Month) 27 (Day), 1837 (Year)

7 AGE: 77 yrs. 11 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Book Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John V Lowry.

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Homer.

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary J. Horner (Dau.)

(Address) 209 N Caroline St

15 Filed MAR 31 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 30 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1915, to March 30, 1915, that I saw h-- alive on March 30, 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) C Wm Kelso M. D.

3/30, 1915 (Address) 1274 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: APR 1 - 1915

20 UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—8-2-14—M. & T.—2000 Bks.

84038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 84038

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 Clifford ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan W. Wolford

(Residence in Baltimore: No. 877 Clifford St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, 3 (Month) 24 (Day) 1863 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Bathelmew Wolford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bethenia C. Wolford

(Address) 877 Clifford St.

15- MAR 31 1915 ROBERT J. KRAUTER Burial Permit Clerk.

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 29 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/15 1915, to ..... 191..,
that I saw h— alive on 3/15/15 191..,
and that death occurred, on the date stated above, at 1-55 p.m.
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..yrs. ..mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..yrs. ..mos. 14 ds.

(Signed) H. E. Mahon M. D.

3-30, 1915. (Address) 1002 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Lebanon	March 31, 1915
20-UNDERTAKER	ADDRESS
W. J. Tucker & Son	1116 North Penn Ave

C84039

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84039

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Catherine Fleck

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH ..... (Month) ..... (Day) 1817 (Year)

7-AGE 98 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Conrad Fleck

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Eurein

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. Benedict

(Address) Little Sisters of the Poor

15. Filed MAR 31 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 30 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to, ..., 191..., that I saw h.. alive on March 28 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) F.H. Wayne M. D.

March 30, 1915 [Address] 1133 Valley St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1/2 yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Mar. 31, 1915

20-UNDERTAKER: H.C. Kindfield — ADDRESS: 914 Guilford Ave.

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 84040

CERTIFICATE OF DEATH.

152 C84040

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 W. Lanvale St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burns Doyle Jr

(Residence in Baltimore: No. 1327 W. Lanvale St

St.; .....yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 18 (Day), 1915 (Year)

7-AGE, ...yrs. mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Burns Doyle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Adelaide Wineke

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Adelaide A. Wineke

(Address) 1 E. 21st St

15- Filed MAR 31 1915 ROBERT . KRAUTER, Burial Permit Clerk, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to Mar 30 1915, that I saw him alive on March 30 1915, and that death occurred, on the date stated above, at 3A. m.

The CAUSE OF DEATH* was as follows:

Atelactasis Malnutrition

(Duration) .....yrs. .....mos. 13 ds.

CONTRIBUTORY (Secondary) Haemorrhage from

(Duration) .....yrs. .....mos. 3 ds.

(Signed) Joseph J. Heny M. D.

March 31 1915 (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	March 31, 191..
20-UNDERTAKER,	ADDRESS
Wm McCaulley	1011 Mad Ave

C84041

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C84041

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Dillon ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Woods

(Residence in Baltimore: No. 2900 Dillon St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: Not known (Month) (Day) 1 (Year)

7-AGE about 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ship Rigger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Chas C. Woods

(Address) 2313 Barclay St

15- Filed MAR 31 1915 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1915, to, March 28 1915, that I saw h-m alive on March 29 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Y yrs. mos. ds.

Contributory (SECONDARY) Exposure

(Duration) yrs. mos. 4 ds.

(Signed), C. K. King M. D.

3/29 1915 [Address] 270 Eastern a

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: April 1, 1915

20-UNDERTAKER: Henry Horck Son

ADDRESS: 1301 E Eager st

TION is very important. See instructions on back of certific

C84042 HEALTH DEPARTMENT--CITY OF BALTIMORE C84042

CERTIFICATE OF DEATH 151

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Peterson Koch

(Residence in Baltimore: No. Franklin Square Hospital St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 29, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: F Luther Koch

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Rebecca Hodgson Sudgnell

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. J Brantley

(Address) 220 Eutaw Pl

15. Filed MAR 31 1915 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 30, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1915, to March 30 1915 that I saw h.. alive on March 30, 1915, and that death occurred, on the date stated above, at 6 7 m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Prematurity

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Dr. H Brantley M.D.

March 30, 1915. (Address) 220 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: March 31, 1915

20-UNDERTAKER: Stewart & Howerton — ADDRESS: 101 W Monument

...is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 C84043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 33 E Heath ST.; 23 (WARD) REGISTERED No. C

2-FULL NAME John S Bayne Jr

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No.) 33 E Heath St.; (18 yrs., 1 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 17, 1897 (Month) (Day) (Year)

7-AGE, 18 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John S Bayne

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Alice D. Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S Bayne

(Address) 33 E Heath St

15- Filed MAR 31 1915, 191.... ROBERT . KRAUTER Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 191 1, to Mar 31 1915, that I saw h[illegible] alive on Mar 30 1915, and that death occurred, on the date stated above, at 4 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 1 ds.

(Signed) R. E. Campbell M. D.

Mar 31, 1915. (Address) 164 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Old Dwelling | DATE OF BURIAL, April 2, 1915

20-UNDERTAKER Mrs. F. E. Evans & Sons | ADDRESS 1428 E Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84044 — 1 PLACE OF DEATH

92 C84044 — REGISTERED No. C

CITY OF BALTIMORE (No. 1219 Battery Ave ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lillian E Murphy

(Residence in Baltimore: No. 1219 Battery Ave St.: yrs. 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Child

6 DATE OF BIRTH July (Month) 15 (Day), 1914 (Year)

7 AGE ..... yrs. 8 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Balto

PARENTS

10 NAME OF FATHER Thomas Murphy

11 BIRTHPLACE OF FATHER (State or country) Balto

12 MAIDEN NAME OF MOTHER Martha Murphy

13 BIRTHPLACE OF MOTHER (State or country) Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian E Murphy

(Address) 1219 Battery Ave

15 MAR 31 1915 Filed ....., 191 HOBART . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1915, to March 30, 1915, that I saw h[illegible] alive on March 30th 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia "Both Lungs"

Previous Knowledge (Duration) 4 days. mos. 2 ds

Contributory (SECONDARY) ..... (Duration) yrs. ..... mos. ..... ds.

(Signed) Henry B Kolb M. D.

March 30, 1915 (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	April 2, 1915
20 UNDERTAKER	ADDRESS
Mrs J. E. Evans & Sons	1428 L & Charles 28

C84045

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

48 C84045

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Argyle Ave ST. 17 WARD)

2-FULL NAME Robert F. Martin

(Residence in Baltimore: No. 1043 Argyle Ave St.; 71 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Luther Martin

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ellen Stockly

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brother William Martin

(Address) 547 W Hoffman

ROBERT ... Burial Permit Clerk

Filed ..... 191 MAR 31 1915 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 20, 1914, to, March 31, 1915, that I saw h... alive on March 28 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Valvular Lesion of Heart

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) Rheumatism

(Duration) 2 mos. ds.

(Signed) T. S. Hutchins M. D.

March 31 1915 [Address] 1320 N Milton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: April 2 191...

20-UNDERTAKER: Robert F. Elliott

ADDRESS: 500 Roger...

Spec.—8-24-14—M. & T.—2000 Bks.

C84046 HEALTH DEPARTMENT—CITY OF BALTIMORE C84046

CERTIFICATE OF DEATH. 18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Dobbkin

(Residence in Baltimore: No. 908 Hanford Ave, St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Exact statement of OCCUPATION is very necessary, as it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH: Feb. (Month) 4 (Day), 1915 (Year)

7-AGE, ...yrs. 1 mo. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Philip Dobbkin

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Bessie Turkoff

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed MAR 31 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 25 1915, to Mar. 30, 1915, that I saw h[er] alive on Mar. 30, 1915, and that death occurred, on the date stated above, at 8 35 p.m.

The CAUSE OF DEATH* was as follows:

Empiemas

.....

.....

..... (Duration) ....yrs. ....mos. 2 ....ds.

CONTRIBUTORY (Secondary) Streptococcic septicemia

..... (Duration) ....yrs. ....mos. 1 ....ds.

(Signed) H. A. Cotton M. D.

Mar. 31, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 0 ds. In the State ....yrs. 1 mos. 21 ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 908 Hanford Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel | DATE OF BURIAL, March 31, 1915

20-UNDERTAKER S Levinson & Bro | ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C84047

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 C84047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N Port St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lerhoff

(Residence in Baltimore: No. 101 N Port St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Aug 5, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gott Knox

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gott Knox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Lerhoff

(Address) 101 N. Port

15- MAR 31 1915 Filed....., 19..

ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1914, to March 29 1915, that I saw h[illegible] alive on 11 27 1914, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of Brain, Two examinations made

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. S. Dearing M. D.

March 30, 1915. (Address) 1609 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul Cemetery

DATE OF BURIAL, [illegible], 1915.

20-UNDERTAKER J Herzog & Co

ADDRESS 2008 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH ONIONSKIN INSERT—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84048

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C84048

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. # 712 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Hughes,

(Residence in Baltimore: No. #712 Ensor St.; 18 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January (Month) 7 (Day) 1852 (Year)

7-AGE: 63 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Henry Foreman,

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Hannah Evans.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Boyd

(Address) 712 Ensor St

15- Filed MAR 31 1915 191..... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25, 1915, to, March 29 1915, 191....., that I saw her alive on March 29 1915, 191....., and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy;

(Duration) ..... yrs. ..... mos. 5 ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Kerr Pavlock M. D.

March 30 191 5 [Address 936 E. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. | DATE OF BURIAL: Apr. 1 191 5

20-UNDERTAKER: Chas S Bailey | ADDRESS: 1824 Jefferson

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84049

CERTIFICATE OF DEATH.

91 C84049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E Hamburg ST.; 7th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E Gable

(Residence in Baltimore: No. 304 E Hamburg St.; ....yrs,.....mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	white	Sing

6-DATE OF BIRTH, Jan (Month) 4 (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Gable

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Henrietta R Austin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. Gable

(Address) 304 E Hamburg St.

15- MAR 31 1915 ROBERT . KRAUTER
Filed..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1915, to Mar 30 1916, that I saw h[er] alive on Mar 29 1915, and that death occurred, on the date stated above, at 8.30 Am.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(Duration).....yrs.....mos. 2 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) 2 yrs.....mos. 2 ds.

(Signed) R. E. Campbell M. D.

Mar 31 1915 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	Apr 1, 1915
20-UNDERTAKER	ADDRESS
John F Lahey & Son	1318 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

C84050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C84050

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Betoch

(Residence in Baltimore: No. 812 S. Milton Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1832 (Year)

7-AGE, 83 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Pulley

(Address) 812 S. Milton Ave

15-

Filed MAR 31 1915, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th 1913, to March 30th 1915, that I saw her alive on March 28 1915, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Senility

.....

..... (Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. W. Bluey M. D.

March 30th, 1915. (Address) 606 S. Potters Pt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 2nd, 1915.

20-UNDERTAKER H. Sauter Sons ADDRESS 1710 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C84051

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 6) University Hospital ST.; WARD) 12 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phenie Paulis

(Residence in Baltimore: No. 310 South Paca St St.; 23 yrs., — mos. — ds.)

Known as Phoebus Paulis Married as Frances Pecaulis

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown, 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Georg Torbeck

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katherine Yarka

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antany Paculis

(Address) 310 S. Paca Street

15- Filed MAR 31 1915 HARRY O. ANDREWS, Vital Records Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/26 1915, to 3/30 1915, that I saw h[er] alive on March 30 1915, and that death occurred, on the date stated above, at 3-55 P.M.

The CAUSE OF DEATH* was as follows:

Peritonytis, Acut
Acute Gastric Dilitation

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pelvic abscess

(Duration) — yrs. — mos. 5 ds.

(Signed) H. L. Johnson M. D.

3/30, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 23 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 310 S. Paca St

Former or usual residence 310 S Paca St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, April 1, 1915

20-UNDERTAKER John Grebliauskas — ADDRESS 500 S. Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84052

10

C84052

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S Paca St.; 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazimir Karcauskas

(Residence in Baltimore: No. 532 S. Paca St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1875 (Year)

7-AGE: 40 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Laukaitis

(Address) 600 S. Paca St.

MAR 31 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1915, to March 31 1915, that I saw h[illegible] alive on March 31 1915, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 3 ds.

Contributory (SECONDARY) Influenza

(Duration) yrs. mos. 7 ds.

(Signed) J. A. Sidlowsky M. D.

3/31, 1915 [Address] 629 Columbus Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 532 S Paca St.

19-PLACE OF BURIAL OR REMOVAL: St Stanislaus

DATE OF BURIAL: April 2, 1915

20-UNDERTAKER: John Grelliauckas

ADDRESS: 500 S. Paca St.

C84053

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84053

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Professional Bldg. Chanler & Pleasant STS. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Julia K. Faulkner

(Residence in Baltimore: No. Albany Apts. 6 E. Centre St. St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month) ..... (Day), 1 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Winchester Va.

PARENTS.

10-NAME OF FATHER, James F. Faulkner.

11-BIRTHPLACE OF FATHER (State or Country), Winchester, Va

12-MAIDEN NAME OF MOTHER Katherine Hutchison

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert S. Faulk

(Address) Winchester Va

15-MAR 31 1915 BUREAU OF ANALYSIS,

Filed ....., 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hunter Chamberlain M. D.
(Coroner.)

March 31, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester, Va

DATE OF BURIAL, 3/31, 19 15

20-UNDERTAKER Henry W. Myers & Son

ADDRESS 205 N. Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C84054

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

119 C84054

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2031 Bank ST.) V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Keidel

(Residence in Baltimore: No. 2031 Bank St. Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 30, 1854
(Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Keidel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unobtainable

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Weikel

(Address) 2031 Bank Street

15- Filed MAR 31 1915 for Burial Permit. HARRY U. ARCHARD, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1915, to March 29 1915, that I saw h[illegible] alive on March 29 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

March 29, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Salem Methodist Church	March 1915
20-UNDERTAKER	ADDRESS
Wm. Cook	50 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84055

CERTIFICATE OF DEATH.

108 C84055

1-PLACE OF DEATH (

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Kemsley

(Residence ~~in Baltimore~~: No. Telford, Tenn. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 185[illegible] (Year)

7-AGE, 59 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Tenn.

PARENTS.

10-NAME OF FATHER, Jas O Kimbrel

11-BIRTHPLACE OF FATHER (State or Country), Tenn

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Tenn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev H O J Kimbrel

(Address) Tottletown Pa

15 MAR 31 1915 MARY O. ADLERTS, Filed....., 191... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31 (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 23 1915, to Mar 31 1915, that I saw her alive on Mar 31 1915 and that death occurred, on the date stated above, at 1250 p m.

The CAUSE OF DEATH* was as follows:

Purulent Appendicitis

about (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Kinnick M. D.

Mar 31, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 3 yrs. ....mos. 8 ds.

Where was disease contracted, if not at place of death? Telford Tenn

Former or usual residence Telford, Tenn.

19-PLACE OF BURIAL OR REMOVAL, Jonesboro Tenn — DATE OF BURIAL, 4/1/15, 191...

20-UNDERTAKER Geo L Farley — ADDRESS Tuttle & Lombard

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684056

CERTIFICATE OF DEATH.

X 45 684056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen C. Painter.

(Residence in Baltimore: No. Roanoke Va. St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Dec. 29 (Month) (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: R.R. Pensioner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John P. Painter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Newton J. Painter

(Address) Roanoke Va

15- Filed APR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 31st (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 13 1915, to Mar. 31 1915, that I saw h[illegible] alive on Mar. 31st 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

Diagnosis by Cystoscopy & Microscopic Section

Duration 5 mos.

CONTRIBUTORY (Secondary) Uraemia

Duration yrs. mos. 10 ds.

(Signed) Wm. Smith M. D.

Mar 31, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Roanoke Va

19-PLACE OF BURIAL OR REMOVAL, Roanoke Va

DATE OF BURIAL APR - 1 1915

20-UNDERTAKER C. F. McCormick

ADDRESS 1931 W. Lafayette

C84057

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84057

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 527 Mosher St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Burton

(Residence in Baltimore: No. 527 Mosher St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	married

6-DATE OF BIRTH Feb 22 (Month), (Day) 1867 (Year)

7-AGE 48 yrs. ...mos. ...ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Cambridge Md

PARENTS

10-NAME OF FATHER: Henry Bantham

11-BIRTHPLACE OF FATHER (State or country): Cambridge Md

12-MAIDEN NAME OF MOTHER: Marie Nash

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Bantham (Son)

(Address) 1390 W. Henrietta St.

15 Filed APR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 27, 1915, to, Mch 30 1915, that I saw h... alive on Mch 29 1915, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs ...mos. 4 ds.

Contributory (SECONDARY)

(Duration) ...yrs ...mos. ...ds.

(Signed) J. S. McCall M. D.

3/31, 1915 [Address] 000 Orchard Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: April 2, 1915

20-UNDERTAKER: L. K. Brown & Son — ADDRESS: 108 N. Monty

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84058

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 30 C84058

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 829 Plum alley St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Green

(Residence in Baltimore: No. 829 Plum alley St.; ...yrs. ...mos. ...ds.)

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: Colored — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March 17 (Month) (Day), 1864 (Year)

7-AGE: 51 yrs. ...mos. ...ds. — If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Dorchester Co. Md

PARENTS

10-NAME OF FATHER: Tora Gains

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rebecca Rayan

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ettie Allen

(Address) No 829 Plum

15. Filed APR - 1 1915, 191... ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 191 5, to, March 29 191 5, that I saw h... alive on March 27 191 5, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs 2 mos. ...ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. ...mos. ...ds.

(Signed), H. S. McCard M. D.

3/29, 191 5. [Address] 2002 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs. ...mos. ...ds. — In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Ct. — DATE OF BURIAL: April 1st, 191 5

20-UNDERTAKER: L. P. Brown & Son — ADDRESS: 1080 W. Monty St

C84059

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C84059

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1312 N. Stockton ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Christ

(Residence in Baltimore: No. 1312 N. Stockton St.; 1 yrs. 4 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 7th (Month) (Day), 1913 (Year)

7-AGE: 1 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles J. Christ

11-BIRTHPLACE OF FATHER (State or country): Caroline Co Va

12-MAIDEN NAME OF MOTHER: Lula Neal

13-BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas J. Christ

(Address) 1312 N Stockton St

15- Filed APR - 1 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 28th, 1915, to, March 30th 1915, that I saw him alive on March 29th 1915, and that death occurred, on the date stated above, at 10-05 a.m.

The CAUSE OF DEATH* was as follows:

Catarrhal

Pneumonia (Duration) — yrs. — mos. 5 ds.

Contributory (SECONDARY) Phillary Bronchitis

(Duration) — yrs — mos. 10 ds.

(Signed) Edward E. Mackenzie M. D.

Mch 31, 1915. [Address] 1336 N. Mott St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters DATE OF BURIAL: Apl 2 1915

UNDERTAKER: Thomas Lamb ADDRESS: 1364 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84060 HEALTH DEPARTMENT—CITY OF BALTIMORE C84060

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1007 N Broadway ST. 7 WARD)
2-FULL NAME Annie M Wheatley
Residence in Baltimore: No. 1007 N Broadway St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Mch 3rd, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 0 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L Larsen

(Address) 239 N Longwood

15- APR - 1 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 31st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

C.a. (Duration) ....yrs....mos....ds.

(Signed) Elijah L. Russell M. D.
(Coroner.)

March 31st, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Apr 2nd, 1915

20-UNDERTAKER Elliott E Fuller — ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84061

CERTIFICATE OF DEATH.

28 C84061

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Somerset ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hurst

(Residence in Baltimore: No. 410 Somerset St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black.	Single

6-DATE OF BIRTH, Feb. (Month) ..... (Day) ....., 1854 (Year)

7-AGE, 31 yrs. 1 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Hurst

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary L. Baker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hurst

(Address) 410 Somerset St.

15- APR - 1 1915 ROBERT . KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1915, to March 30, 1915, that I saw him alive on March 29, 1915, and that death occurred, on the date stated above, at 4 Pm.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(Duration) ? yrs. ....mos. ....ds.

(Signed) J. C. Robinson M. D.

3301 W. 5 (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Cemetery.	April 2nd, 1915
20-UNDERTAKER	ADDRESS
Robert A. Elliott.	506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 C84062

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2696 Wilkens Ave ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dieterich

(Residence in Baltimore: No. 2696 Wilkens Ave St.: yrs., unknown mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH: Jan. (Month) 7th (Day), 1858 (Year)

7-AGE: 57 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 10 yrs
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Gloster

(Address) 2696 Wilkens Ave

15- Filed APR - 1 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in head
Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sigmund Blumberg (Coroner) M. D.

March 31st, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park East

DATE OF BURIAL, Apl 1st, 1915

20-UNDERTAKER: Leo Zuber

ADDRESS 1125 W Fayette

Spec.—8-24-14—M. & T.—2600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C-84063

C84063

CERTIFICATE OF DEATH.

152 [redacted]

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Finkelwald

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 30, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Julius B. Finkelwald

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Yolande Rothschild

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius B. Finkelwald

(Address) 1419 Eastern Ave. Pulaski & Brookfield Ave

15- Filed APR - 1 1915, 191. ROBERT J. KRAUTAR, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 1 1915, that I saw h[redacted]ive on April 1 1915, and that death occurred, on the date stated above, at 12:30 4 m.

The CAUSE OF DEATH* was as follows:

Atelectasis (Both Lungs)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Levitt M. D.

4-1, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, April 1, 1915

20-UNDERTAKER David Goodman

ADDRESS [redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84064 28 C84064

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1826 Wilhelm St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Becker

(Residence in Baltimore: No. 1826 Wilhelm St St. 34 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH November 10, 1880 (Month) (Day) (Year)

7-AGE 34 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shirt Ironer
(b) General nature of industry, business, or establishment in which employed (or employer): (Laundry)

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER George Becker

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Margaret Hilland

13-BIRTHPLACE OF MOTHER (State or country) City Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs May Becker

(Address) 1826 Wilhelm St.

15- Filed APR - 1 1915 ROBERT . KRAUTER Marriage Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about March ..., 1915, to March 30 1915.

that I saw h living alive on March 30 1915.

and that death occurred, on the date stated above, at 9.06 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Coma).

(Duration) 3 yrs. 3 mos. ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

March 31, 1915 (Address) 2010 Mckean av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Apl 3. 1915

20-UNDERTAKER: Loeber F. Co. ADDRESS: 1003 N. Dallas Street.

Spec.—5-12-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84065

CERTIFICATE OF DEATH.

120 C84065

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Allendale Rd. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M. Cosh

(Residence in Baltimore: No 2300 Allendale Rd. St.; 35- yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, Aug. (Month) 6 (Day), 1879 (Year)

7-AGE, 35- yrs. 8 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mfg. Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER. Wm M. Cosh

11-BIRTHPLACE OF FATHER (State or Country). Pa.

12-MAIDEN NAME OF MOTHER Anna Eliz. Harris

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Anna Eliz. Cosh

(Address) 2300 Allendale Rd

15- APR - 1 1915 Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1915- (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 2 wks. ago 191, to March 30 1915-, that I saw h in alive on March 30 1915-, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 3 yrs. (about) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. T. Stinemetz M. D.

March 31 1915- (Address) 326 Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ...yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, April 2 1915

20-UNDERTAKER, Ellw. Mitchell — ADDRESS, 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84066

CERTIFICATE OF DEATH.

80 C84066

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3608 Fairview Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Mullikin

Residence in Baltimore: No. 3608 Fairview Ave. St.; .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 27th, 1846 (Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hide & Leather
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. N. Mullikin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A. Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard N. Mullikin

(Address) 3608 Fairview Ave

15- APR - 1 1915 Filed..... 191... ROBERT ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 1911, to March 30 1915, that I saw h.m alive on March 28 1915, and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration)...3...yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.

April, 191.5 (Address) 1425 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemty — DATE OF BURIAL, April 2, 191.5.

20-UNDERTAKER E. M. Mitchell — ADDRESS 1201 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84067 — 91 — C84067

CERTIFICATE OF DEATH.

REGISTERED No. C

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 730 Dover ST. 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Wyatt Robert Vaughn

(Residence in Baltimore: No. 730 Dover St.; yrs., mos. 4½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX	4—COLOR OR RACE.	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6—DATE OF BIRTH, November (Month) 11 (Day), 1914 (Year)

7—AGE, ..yrs. 4 mos. 20 ds. | If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9—BIRTHPLACE. (State or Country) Md Maryland

PARENTS.

10—NAME OF FATHER Wyatt R. Vaughn

11—BIRTHPLACE OF FATHER (State or Country). Virginia

12—MAIDEN NAME OF MOTHER Parker

13—BIRTHPLACE OF MOTHER (State or Country). Md.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wyatt R. Vaughn Sr.

(Address) 730 Dover

15—APR - 1 1915 Filed....., 191.... ROBERT . KRAUTER, Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16—DATE OF DEATH March (Month) 31st (Day), 1915 (Year).

17— I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Wm. R. Savage, M. D. (Coroner.)

March 31. 1915. (Address) 1734 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19—PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft Auburn cemetery	April 2, 1915.
20—UNDERTAKER Geo H Hooper	ADDRESS 609 Little Pacca St

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84063 — 137 C84063

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Raborg St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. F. Diggs

(Residence in Baltimore: No. 832 Raborg St.; yrs. ..... mos. 4? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. USE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 10, 1845 (Month) (Day) (Year)

7-AGE: — yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: B. N. Diggs

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Martha E Hamett

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): B N Diggs

(Address): 832 Raborg

15- Filed APR - 1 1915 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to, March 31 1915, that I saw h..... alive on March 30 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Infantile Atrophy (Duration) ..... yrs ..... mos. 4? ds.

Contributory (SECONDARY) Nutritional Defect (Duration) ..... yrs ..... mos. 4? ds.

(Signed) F F Woodward M. D.

March 31 1915 [Address] 931 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	March 2 1915
20-UNDERTAKER	ADDRESS
Geo H Hoffa	60 Little Court

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84069 — 79 C84069

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1428 Harford Ave St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos L. Koehler

(Residence in Baltimore: No. 1428 Harford Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ..... January 9 (Month) ..... , 1845 (Day) (Year)

7-AGE ..... 69 yrs. 2 mos. 21 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER Geo Koehler

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Koehler

(Address) 1428 Harford Ave

15- Filed APR - 1 1915, 19..... ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... March (Month) ..... 30 (Day) ..... , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June ..... , 1914, to. Mch 30 ..... 1915, that I saw ~~him~~ alive on Feb ..... , 1915, and that death occurred, on the date stated above, at 7.30a. m.

The CAUSE OF DEATH* was as follows:

Chr. endo-and myocarditis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Probably aortic dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E H Hayward M. D.

3/30, 1916. (Address) 836 Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery | DATE OF BURIAL April 1, 1915

20-UNDERTAKER Robt J Turner | ADDRESS 1711 N Bway

FILED

Spec.—5-19-13—M. & T.—500 Bks.

C84070 HEALTH DEPARTMENT—CITY OF BALTIMORE C84070

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 S. Ann ST.; 2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wyroba

(Residence in Baltimore: No. 240 S. Ann St.; 2 yrs. mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, March 8 (Month) (Day) 1913 (Year)

7-AGE, 2 yrs. 23 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 240 S. Ann St.

PARENTS.

10-NAME OF FATHER, Valentine Wyroba

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Tekla Wlosik

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex A. Wenkiewicz M.D.

(Address) 131 S. Broadway

15- Filed APR - 1 1915 ROBERT J. KRAUTER, Burial Permit Clerk 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 1st 1915, that I saw him alive on April 1st 1915, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alex A. Wenkiewicz M. D.

April 1st, 1915. (Address) 131 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. 23 ds. In the State 2 yrs. mos. 23 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 240 S. Ann St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Apr. 1, 1915

20-UNDERTAKER A. Lander & Son ADDRESS 1901 E. Balto. St.

2 P. m.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84071 HEALTH DEPARTMENT—CITY OF BALTIMORE C84071

66

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2100 Ridgewood ST.; 15 WARD)
2-FULL NAME Gottlieb H. Eyring
(Residence in Baltimore: No. 2100 Ridgewood ave St.; 30 yrs., — mos., — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH, March 11, 1857 (Month) (Day) (Year)
7-AGE, 58 yrs. 0 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Butcher (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Frederick Eyring
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER ?
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Helen W. Eyring
(Address) 2100 Ridgewood

15- Filed APR - 1 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 — 30 —, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1914, to 3 - 30 1915, that I saw him alive on 3 - 26 1915, and that death occurred, on the date stated above, at 1 05 A m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L F Fry M. D.

....., 191... (Address) 2920 Eden Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, 4/2, 1915
20-UNDERTAKER Wm Cook — ADDRESS 502 E Mt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C81072 — 10 C81072

REGISTERED No. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 273 Mc Curley St.; 20 WARD)

2 FULL NAME Bertha E. Gephart

(Residence in Baltimore: No. 273 Mc Curley St.; 26 yrs., ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, April 20, 1871 (Month) (Day) (Year)

7-AGE, 43 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Wm E. Lipp

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant:) Geo. E. Gephart
(Address) 273 Mc Curley

15- Filed APR - 1 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to March 31 1915, that I saw h er alive on March 31 1915, and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. 1 mos. 8 ds.

(Signed) H. Henry Hahn M. D.

March 31 1915. (Address) 708 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 4/3, 1915

20-UNDERTAKER Wm Ewart — ADDRESS 587 E. N. Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84073

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C84073

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 15-11 Marshall ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Offley V. Lanmore Larrimore

(Residence in Baltimore: No. 15-11 Marshall St.: 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: May 1st, 1874 (Month) (Day) (Year)

7-AGE: (40) Forty yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: William Lanmore

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary E. Bonnett

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa H. Larrimore

(Address) 1511 Marshall St.

15- Filed APR - 1 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 1, 1915 to March 31 1915

that I saw h~~im~~ alive on March 31, 1915

and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Bright Disease Edema

by a fall from his Roadster (automobile)

One a year ago (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Injury

One year ago (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Whitehair M. D.

April 1, 1915 (Address) 819 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cambridge Md. DATE OF BURIAL: April 2, 1915

20-UNDERTAKER: L. Schlosnagle Son ADDRESS: 1039 Hanover St

C81074 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C81074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7 N Wolf St.; 6 WARD)

2-FULL NAME John Moelter Jr

(Residence in Baltimore: No. 7 N Wolf St.; yrs., mos., ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, March 31st, 1915.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Moelter
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Helen Neuberger
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Moelter

(Address) 7 N Wolfe St

15- APR - 1 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... C. S. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar L. Cassell M. D.
(Coroner.)

April 1st, 1915. (Address) 433 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	APR - 1 1915

20-UNDERTAKER Wendell Appold ADDRESS 378 E Ernest

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84075

CERTIFICATE OF DEATH.

170 C84075

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Bryce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fox

(Residence in Baltimore: No. 400 N Bryce St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb ....., 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard Fox

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H B Hardesty M.D.

(Address) 11 N Carrollton Ave

15- ROBERT J. KRAUTER,
FILED APR - 1 1915 Registrar. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1915, to March 30 1915, that I saw h.. alive on March 30th 1915 and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Pr Interstitial

Nephritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H B Hardesty M. D.

March 31, 1915. (Address) 11 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....dr.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, April 2, 1915

20-UNDERTAKER Wilbur Brown — ADDRESS 414 N. Howard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84076

CERTIFICATE OF DEATH.

176 C84076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 W. North ave ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Brenneman

(Residence in Baltimore: No. 728 W North ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 25, 1835 (Month) (Day) (Year)

7-AGE, 79 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Virginia

PARENTS.

10-NAME OF FATHER, Martin L. Brenneman

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Susan Apler

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Abelvein

(Address) 728 W. North ave

15. APR - 1 1915 ROBERT . KRAUTER/
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26th 1914, to March 31 1915, that I saw him alive on March 30th 1915, and that death occurred, on the date stated above, at 12.30a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

(Duration) 3 yrs. ....mos. .....ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Faye Edmunds M. D.

4/1, 1915. (Address) 311 Castleton Dr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Charlestown W Va — DATE OF BURIAL, April 2, 1915.

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS Penna & North ave

ake

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84077

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84077

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 Baker St ST.: 14 WARD)

2-FULL NAME Stephen C Butler

(Residence in Baltimore: No. 517 Baker St

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 25 (Month) 4 (Day) , 1914 (Year)

7-AGE: ..... yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Servant.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): City -

PARENTS

10-NAME OF FATHER: W C Butler

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rebecca Smith

13-BIRTHPLACE OF MOTHER (State or country): City -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Butler

(Address) 517 Baker St

15- APR - 1 1915 ROBERT . BRAUER, Burial Permit Clerk (or) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31st (Month) (Day) , 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31st, 1915, to. March 31st 1915, that I saw him alive on March 31st, 1915, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed). E. B. Shriver M. D.

March 31, 1915 (Address) 1224 N. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: W Fels

DATE OF BURIAL: April 2nd, 1915

20-UNDERTAKER: Hamme & Lynch

ADDRESS: Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C84078

CERTIFICATE OF DEATH.

91 C84078

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.... 1304 Etting Court, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Mathews,

(Residence in Baltimore: No. 1304 Etting Court, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ...October (Month) ....14th (Day)., 1914. (Year)

7-AGE, ...0... yrs. ....5... mos. ...16... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Talbart Diggs,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Louisa Mathews,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie White, foster-mother,

(Address) 1304 Etting Court.

15- Filed APR - 1 1915 191.. [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March (Month) ....30th (Day)., 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Broncho-pneumonia,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) A. Frederick Wengel M. D. (Coroner.)

Mar. 31st 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cmtry

DATE OF BURIAL, April 1 1915

20-UNDERTAKER John Howard

ADDRESS 1222 Durham

Spec.—5-19-13—M. & T.—500 Bks.

C84079

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84079

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH 805 N. Vincent St

CITY OF BALTIMORE: (No. 805 N. Vincent St. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Bacon

(Residence in Baltimore: No. 805 N. Vincent St. St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, 3 (Month) — 5 (Day) —, 1860 (Year)

7-AGE, X 45 yrs. — mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, William H. Bacon

11-BIRTHPLACE OF FATHER (State or Country), Ellicott City Md

12-MAIDEN NAME OF MOTHER Clara Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ellicott City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver Bacon

(Address) 805 N Vincent St

15-

Filed APR - 1 1915 MARRY O. ANDRAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~December~~ March 23d 1915, to March 30 1915, that I saw him alive on March 29th 1915, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

X ..... (Duration) .....yrs. .....mos. 21 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) .....yrs. .....mos. 3 ds.

(Signed) C. W. Barker M. D.

March 31st, 1915. (Address) 1402 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 1 1915

20-UNDERTAKER Alfred J Freeland

ADDRESS 114 S Howard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84080

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84080

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N Bond St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Poteet

(Residence in Baltimore: No. 607 N Bond St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Mar 14 (Month), 1856 (Day) (Year)

7-AGE 59 yrs. 0 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Furniture Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Jesse Poteet

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary R Kane

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma E. Poteet

(Address) 607 N. Bond

15- APR - 1 1915 (Date) 191... MARY O. ARMIGER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 31 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1915, to, Mch 31 1915, that I saw h~~im~~ alive on Mch 30 1915, and that death occurred, on the date stated above, at 6 40 a m.

The CAUSE OF DEATH* was as follows:

Right Lobar Pneumonia

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) Severe Cold for last two weeks

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) R P Cauman M. D.

Mch 31 1915 [Address] 1707 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Apr 3 191 5
20-UNDERTAKER John W Pentzel	ADDRESS 401 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84081

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infnt Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Daly.

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 2 mos. 15 ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. (Month) 30th (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 29 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15- APR - 1 1915 Filed, 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to March 28 1915, that I saw her alive on March 28 1915, and that death occurred, on the date stated above, at 1006 m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 2 mos. 29 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lewis M. Parker M. D.

Mar. 30, 1915. (Address) 825 N. Dallas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 15 ds. In the State yrs. 2 mos. 29 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Cathedral	Apr. 1st, 191 5
20-UNDERTAKER M. F. Carey & Son	ADDRESS 606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Bks.

C84082

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84082

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1011 Ridgely St. ST.; 21 WARD)

2-FULL NAME Wm. C. Beckett

(Residence in Baltimore: No. 1011 Ridgely St. St.; — yrs., 10 mos., — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 7, 1714
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 10 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Beckett

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Louise League

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Beckett

(Address) 1011 Ridgely St

15- Filed APR - 1 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 1 1915, that I saw h.... alive on March 31 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

(a) ....
(b) Congestive Convulsions
(c) ....

(Duration) ....yrs. ....mos. 1 Ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) 2 yrs. ....mos. 15 ds.

(Signed) Stephen D. Zain M. D.

April 1, 1915 (Address) 912 E. Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	April 3, 1915

20-UNDERTAKER Wm. Cook — ADDRESS 1015 E. Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84083

HEALTH DEPARTMENT---CITY OF BALTIMORE

64 C84083

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Minifie

(Residence in Baltimore: No. 731 East 20th Street St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word)
Male	White	married

6-DATE OF BIRTH: August (Month) 12 (Day), 1842 (Year)

7-AGE: 72 yrs. 7 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Customs Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Govt.

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wayne

(Address) 7329 26 st.

15- Filed APR - 1 1915 19..... HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1915, to, April 1 1915, that I saw h.. alive on April 1. 1915, and that death occurred, on the date stated above, at 6.55 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(Duration) 2 yrs 4 mos. ..... ds.

Contributory (SECONDARY) Cerebral Hemorrhage

6 hours (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H. H. Brush M. D.

April 1 1915 [Address] Johns Hopkins Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 18 ds. In the State 72 yrs. 7 mos. 12 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 731 E 20th St

19-PLACE OF BURIAL OR REMOVAL: Greenmount cem. DATE OF BURIAL: April 4 1915

20-UNDERTAKER: Wm Cook ADDRESS: 502 N Howard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C81084

CERTIFICATE OF DEATH.

108 C81084

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

2-FULL NAME Theodore M. Gayhardt

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1209 N. Gross St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Aug. (Day) 17, (Year) 1883

7-AGE, 31 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Jos. M. Gayhardt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Imhoff

13-BIRTHPLACE OF MOTHER (State or Country), D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- Filed APR - 1 1915, 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 1915, to Mar 30 1915, that I saw him alive on Mar. 30 1915, and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

1. Purulent Appendicitis

about (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

about (Duration) yrs. mos. 3 ds.

(Signed) Edward P. Smith M. D.

Mar 30, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 3 ds. In the State Life yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 1209 N Gross St

Former or usual residence 1209 N Gross St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery Dunk Arundel Co. DATE OF BURIAL, April 2, 1915.

20-UNDERTAKER J. D. Pignanelli ADDRESS 1000 S. Pac...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84085 HEALTH DEPARTMENT—CITY OF BALTIMORE 1920 C84085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1454 Henry St., 24 ST.; WARD) REGISTERED NO. C.....

2-FULL NAME William Walker

(Residence in Baltimore: No. 1454 Henry St St.; Life yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, March 17, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer). (Hat Works)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Walker

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Maria Collins

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Walker

(Address) 3021 Mount St

15- APR - 1 1915 HARRY U. ANDREAS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to March 31 1915, that I saw h~~im~~ alive on March 31 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 4 mos. ds.

(Signed) John F Dorsey M. D.

, 191... (Address) 1403 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 4, 191...

20-UNDERTAKER Wm Cook — ADDRESS 502 North

C84086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C84086

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Bush St. & B. & O. R. R. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse G. Plaine

(Residence in Baltimore: No. 1528 Light St.

St. 30 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 20th (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 4 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakesman
(b) General nature of industry, business, or establishment in which employed (or employer): R. R.

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Jesse G. Plaine

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Alters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse G Plaine

(Address) 1528 Light St

15-

Filed APR - 1 1915, 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed R.R. Accident

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Wurmberg M. D.
(Coroner)

April 1st 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk Cem	19....., 1915
20-UNDERTAKER	ADDRESS
J. Frew Mc Cor Ick	39 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C84087

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C84087

1 PLACE OF DEATH Hebrew Friendly Inn (Aged Home) REGISTERED No. C.....

CITY OF BALTIMORE: (No. 117 Aisquith St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Abrams

(Residence in Baltimore: No. 117 Aisquith St ST.; 40 yrs. — mos. — ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: not Known (Month) (Day) 1836 (Year)

7-AGE: 79 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Abe Abrams
11-BIRTHPLACE OF FATHER (State or country): Russia
12-MAIDEN NAME OF MOTHER: Lea Yanpolsky
13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida Levy
(Address) 309 n Exeter st

APR - 1 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, April 1, 1915, that I saw him alive on March 31, 1915, and that death occurred, on the date stated above, at April 12 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 8 mos. ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) yrs. 8 mos. ds.

(Signed), Louis Friedman M. D.

....., 191..... [Address] 1705 Aisquith st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 8 mos ds. in the State 40 yrs. mos ds.

Where was disease contracted, if not at place of death? not Known

Former or usual residence Hebrew Friendly Inn (Aged Home)

19-PLACE OF BURIAL OR REMOVAL: Hebrew Union Fun — DATE OF BURIAL: April 2 1915

20-UNDERTAKER: Jack Levin — ADDRESS: 1419 E Monument

C81088

HEALTH DEPARTMENT—CITY OF BALTIMORE

C81088

CERTIFICATE OF DEATH.

186

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Venuto

(Residence in Baltimore: No. 209 S. Eden St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1880 (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Angelo

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Wendell Slippet

(Address). 37 S. Lime St.

15- FILED APR - 1 1915 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain & fracture of base of skull the result of accidental cave in of a vault in which he was working. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Moses M. Savage M. D.
(Coroner.)

April 1st, 1915. (Address) 1727 N. Eutaw Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State 3 months ds.

Where was disease contracted, if not at place of death? In rear of 2300 Block Harford Ave.,

Former or usual residence 209 S. Eden St.

19-PLACE OF BURIAL OR REMOVAL: St. Vincents Cem. DATE OF BURIAL, April 2, 1915

20-UNDERTAKER: Wendell Slippet Son ADDRESS 37 S. Lime St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084089 CERTIFICATE OF DEATH. 15 084089

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Shaitel

(Residence in Baltimore: No. 241 S. Dallas St. St.; ....yrs., ...mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Sing.

6-DATE OF BIRTH, March 22, 1915. (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Rudolph Shaitel

11-BIRTHPLACE OF FATHER (State or Country), Tennessee

12-MAIDEN NAME OF MOTHER, Margaret Wood

13-BIRTHPLACE OF MOTHER (State or Country), Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Shaitel

(Address) 241 S Dallas St

15- Filed APR - 2 1915 ROBERT F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 31 1915, that I saw him alive on March 31 1915, and that death occurred, on the date stated above, at 5.00 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Inanition

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Smith M. D.

4-1, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 241 S Dallas St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, April 2, 1915.

20-UNDERTAKER John W Henderson

ADDRESS 311 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 81090 — 94 C 81090

REGISTERED No. C .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 N. Lexington St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Louis Miller

(Residence in Baltimore: No. 746 N. Lexington St. St.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX	4—COLOR OR RACE	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6—DATE OF BIRTH, ... Jan 7 ....., 1833
(Month) (Day) (Year)

7—AGE	If LESS than 1 day,
82 yrs. 2 mos. 24 ds.	....hrs. or....min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cabinetmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Not known

11—BIRTHPLACE OF FATHER (State or Country), Germany

12—MAIDEN NAME OF MOTHER Lackmann

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... August Smith .....

(Address) ..... 746 N. Lexington St.

15— APR - 2 1915 ROBERT F. BRAUTER,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, ... March ..... 31 ....., 1915
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from March 25 1915, to March 31 1915, that I saw him alive on March 24 1915, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

..... Old age .....

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) ... yrs. ... mos. 2 ds.

(Signed) ..... Geo. W. Newmeister ..... M. D.

April 6 1915. (Address) 5 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL. Fremont Cemetery

DATE OF BURIAL, April 2., 1915.

20—UNDERTAKER Louis Freeman

ADDRESS 32 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84091 — 71 C84091

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1040 Vine ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Robinson

(Residence in Baltimore: No. 1040 Vine St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, March (Month) 2nd (Day), 1915 (Year)

7-AGE, ...yrs. 1 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Robert Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Carter

(Address) 1040 Vine St.

15- Filed APR - 2 1915, 191. ROBERT J. KRAUTER, Vital Records Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml Wamsley (Coroner) M. D.

March 30th 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	APR. 3. 1915
20-UNDERTAKER Alfred J Freeland	ADDRESS 114 N Schroeder

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84092

CERTIFICATE OF DEATH.

30 C84092

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Buckle

(Residence in Baltimore: No. 325 Ramsay St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct 26, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tinner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Buckle

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Ella Andrew

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- APR - 2 1915 HOWARD A. KRAUTHOFF, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1915, to April 1 1915, that I saw him alive on April 1 1915, and that death occurred, on the date stated above, at 1:50 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

about (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.

4-1-, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 325 Ramsay St

Former or usual residence 325 Ramsay St

19-PLACE OF BURIAL, OR REMOVAL, Western Cem Co | DATE OF BURIAL, April 4 1915

20-UNDERTAKER Jos Leimbach & Son | ADDRESS 647 W Balto St

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

C84093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 C84093

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2246 Bank ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. McDonough

(Residence in Baltimore: No. 2246 Bank St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 4, 1869 (Month) (Day) (Year)

7-AGE, 45 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John McDonough

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McDonough

13-BIRTHPLACE OF MOTHER (State or Country), Boston, Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary A. Dougherty
(Address) 2246 Bank St

15- APR - 2 1915 ROBERT . KRAUTER.
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 31, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1914, to March 1915, that I saw him alive on March 29th 1915 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:
19 Intestinal Left Ventricle

Indefinite (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism Arteriosclerosis
(Duration) 5 yrs. 6 mos. — ds.

(Signed) J. Albert Miller M. D.
4/1/15, 1915 (Address) 2723 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 3, 1915

20-UNDERTAKER, Zirkler & Zirkler — ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84094

CERTIFICATE OF DEATH.

28 C84094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 N Wolfe ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L Dennis

(Residence in Baltimore: No. 1704 N Wolfe St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1892 (Year)

7-AGE, 19 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Geo B. Dennis

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary E Pilgrim

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. B. Dennis

(Address) 1704 N. Wolfe St.

15-APR - 2 1915 Filed ....., 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1914, to April 1, 1915, that I saw him alive on " " 1915, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo A Hartman M. D.

April 2, 1915 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Apr. 5, 1915

20-UNDERTAKER Albert E Fuller

ADDRESS 224 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4 C84095

92 C84095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Clemens

(Residence in Baltimore: No. 118 Pearl St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Widower

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1850 (Year)

7-AGE	If LESS than 1 day,
64 yrs. 6 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cam Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John C Clemens

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Cullen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith C Clemens

(Address) 103 N Wheaton St.

15- APR - 2 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1915, to March 31 1915; that I saw him alive on March 31 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Sen. Arteriosclerosis

(Duration) — yrs. — mos. — ds.

(Signed) John S. Fenby M. D.

4/1, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 118 Pearl st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemby	Apr. 3., 1915.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Bradby

C84096

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C84096

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1322 Woodyear St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Reuna Watkins

(Residence in Baltimore: No. 1322 Woodyear St.: Co yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): infant

6 DATE OF BIRTH: Aug first (Month) (Day), 1913 (Year)

7 AGE: 1 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Harsan Watkins

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lora Harris

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harsan Watkins

(Address) 1322 Woodyear st

15 Filed APR - 2 1915 ROBERT KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 4 (Month) 1st (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/27, 1915, to 4/1 1915, that I saw h[illegible] alive on 4/1 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Ex Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) E. E. McCathy M. D.

4/1, 1915 (Address) 2139 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: MD auburn — DATE OF BURIAL: April 2, 1915

20 UNDERTAKER: James H. Davis — ADDRESS: 703 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84097 C84097

CERTIFICATE OF DEATH.

REGISTERED No. C 9

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 879 West Barrie ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi E. Penn

(Residence in Baltimore: No. 879 West Barrie St.; 2 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 30, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward E. Penn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Myrtle Altman

13-BIRTHPLACE OF MOTHER (State or Country), Rockmore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Penn

(Address) 879 W. Barrie

15-

Filed APR - 2 1915, 191... ROBERT J. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 2 1915, that I saw h or alive on April 1 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure 2 hours

(Duration) ....yrs....mos....ds.

(Signed) L. M. Lumpkin M. D.

April 3, 1915. (Address) 826 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 4/3, 1915

20-UNDERTAKER William Cook

ADDRESS 500 E North ave

4 P. m.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84098 132 C84098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for Women of Maryland REGISTERED No. C

CITY OF BALTIMORE: (No. Lafayette Ave & John ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Kimmel Hill.

(Residence in Baltimore: No. 3012 N. Calvert St. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 12, 1878
(Month) (Day) (Year)

7-AGE, 36 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Anthony Kimmel

11-BIRTHPLACE OF FATHER (State or Country), Frederick. Md.

12-MAIDEN NAME OF MOTHER Mary Morgan.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph R Hill

(Address) 3012 N. Calvert St

15- Filed APR - 2 1915, 191.... ROBERT . KRAUTER Registrar. Vital Statistics Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1915, to April 1 1915, that I saw h[er] alive on April 1 1915, and that death occurred, on the date stated above, at 11.40 A. m.

The CAUSE OF DEATH* was as follows:

Cynmal Pancreatitis -

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Salpingitis

(Duration) yrs. mos. ds.

(Signed) W. H. Morris M. D.

April 1., 1915 (Address) Wannis Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, April 3rd, 1915

UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto Street.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84099 — 92 C84099

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 10 N Bentalou St. St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archur T. Bowrey

(Residence in Baltimore: No. 10 N. Bentalou St. St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb. 14, 1843 (Month) (Day) (Year)

7-AGE: 72 yrs. 1 mos. 19 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur C Bowrey

(Address) 825 W. Cross St.

15. APR - 2 1915 Filed ..., 191... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1915, to. April 2nd 1915, that I saw ~~him~~ alive on April 2nd, 1915, and that death occurred, on the date stated above, at 3.25a m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 1 ds

Contributory (SECONDARY) Acute Bronchitis

(Duration) ... yrs. ... mos. ... ds.

(Signed), John Haff M. D.

April 2, 1915 (Address) 15 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Apr. 6, 1915

20-UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W. Baltimore St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

84100 — 119 — 84100

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1425 Brunt St St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Junius Henry Moore

(Residence in Baltimore: No. 1425 Brunt Street St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH July 27, 1908 (Month) (Day) (Year)

7-AGE 7 yrs. 1 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Schooley
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Samuel Moore

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Thompson

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Moore

(Address) 1425 Brunt St

15 Filed APR - 2 1915 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1915, to, April 1 1915, that I saw h... alive on April 1, 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas F. Coulter M. D.

April, 1915 (Address) 508 Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemetery.	April 3rd, 1915
20-UNDERTAKER	ADDRESS
Felix B. Pyle.	102 E Mulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84101

CERTIFICATE OF DEATH.

10 C84101

1-PLACE OF DEATH Mt Sinai Hospital

CITY OF BALTIMORE: (No. ..... ST.: 14 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ella Dernham

(Residence in Baltimore: No. Plymouth Hall apts St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Dec 15, 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 3 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mich

PARENTS.

10-NAME OF FATHER William Crane

11-BIRTHPLACE OF FATHER (State or Country), Mich.

12-MAIDEN NAME OF MOTHER Sarah Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Mich

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hart Dernham

(Address) Chicago Ill.

15- Filed APR - 2 1915 ROBERT . KRAUSE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/21/ 1915, to 4/1 1915, that I saw her alive on 4/1 1915, and that death occurred, on the date stated above, at 1.30 Pm.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Influenza

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. B. Lavin M. D.

, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Plymouth apts

Former or usual residence Plymouth apts

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 3 191...

20-UNDERTAKER Aaron E. Franck — ADDRESS 502 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84102

120 C84102

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 Dolphin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marie Burke

(Residence in Baltimore: No. 751 Dolphin St St.; 3 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, July (Month) 21 (Day), 1853 (Year)

7-AGE, 61 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Nicholas Sines

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Lint

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Burke

(Address) 751 Dolphin St

15- ROBERT J. KRAUTER,

Filed APR - 2 1915 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 1915, to April 1 1915, that I saw h[illegible] alive on April 1 1915, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) 1 yrs. mos. 3 ds.

(Signed) Geo. A. Bumgardner M. D.

April 1, 1915. (Address) 500 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park. DATE OF BURIAL. April 3rd, 1915.

20-UNDERTAKER Pattamborf ADDRESS 1753 W. Lafayette Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84103

28 C84103

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2102 Huntington ave 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Bosley

(Residence in Baltimore: No. 2102 Huntington ave St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Aug 2 (Month) 1863 (Day), 1 (Year)

7-AGE: 51 years ..... yrs ..... mos ..... ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Hostler on
(b) General nature of industry, business, or establishment in which employed (or employer): M. & P.

9-BIRTHPLACE (State or country): Baltimore Co. Md

PARENTS

10-NAME OF FATHER: John Henry Bosley sr

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md

12-MAIDEN NAME OF MOTHER: Mary Talbott

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Alice Bosley

(Address) 2102 Huntington Ave

15- Filed APR - 2 1915 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: april (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to, april 1st 1915; that I saw h.im alive on Mar 31st 1915; and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs 6 mos ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), Wm H Pearce M. D.

april 1st 1915 [Address] 2105 N. Charles st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Parkton Md

DATE OF BURIAL: April 4 1915

20-UNDERTAKER: E. P. Stoffler

ADDRESS: 544 W 36th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

084104 64 084104

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 31 S. Washington St. St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Albert

(Residence in Baltimore: No. 31 S. Washington St. St.; 52 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: May (Month) 13 (Day) 1838 (Year)

7-AGE: 76 yrs. 10 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Peter Will

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Christine Gebelein

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosie Albert

(Address) 31 S. Washington St.

15- Filed APR - 2 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 31 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1915, to, March 31 1915, that I saw h.. alive on March 30 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis —

(Duration) yrs 2 mos. 14 ds.

Contributory (SECONDARY) Cardiac Hemorrhage —

(Duration) yrs mos. 3 ds.

(Signed) [signature] M. D.

April 1, 1915 [Address] 175 E. Pratt

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	April 4, 1915

20-UNDERTAKER	ADDRESS
Wm. C. Black,	2126 Jefferson St.

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFE T

Spec—5-19-12—M. & T.—500 Bks.

C84105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 D. Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavinia R. Gaither

(Residence in Baltimore: No. 21 D. Stricker St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH June (Month) 14 (Day), 1849 (Year)

7-AGE, 65 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm H. Rose

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellenor Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Gaither

(Address) 21 D. Stricker

15-

Filed APR - 2 1915, 191... ROBERT J. KRAUTER, Registration Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 2 1915, that I saw h[illegible] alive on April 1 1915, and that death occurred, on the date stated above, at 9:35 a.m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis.

?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) F. N. Laine M. D.

Apr 2, 1915. (Address) 317 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, April 5, 1915

20-UNDERTAKER George J. Smith

ADDRESS 1001 W. Lafayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84106

CERTIFICATE OF DEATH.

64 C84106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Clement ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Gordeka

(Residence in Baltimore: No. 1132 Clement St.; unknown yrs., mos. ds.)

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state in plain terms, so that it may be

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ... Apr (Month) 2d (Day), 1839 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Krummel

(Address) 1378 Byrd St.

15- Filed APR - 3 1915 ROBERT P. KRAUTER, Registrar. Burial Permit to work.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 2d (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22d 1915, to Apr 2d 1915, that I saw her alive on Apr 1st 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Hagen M. D.

Apr 2d, 1915. (Address) 1625 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, 5, 1915

20-UNDERTAKER J. Frew McCully

ADDRESS 39 E. Fort.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84107

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Wolfe ST.) (.....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Pluciński

(Residence in Baltimore: No. 314 S. Wolfe St.) (20 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. May 16, 1894 (Month) (Day) (Year)

7-AGE. 20 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country) Poland

PARENTS.

10-NAME OF FATHER. Peter Pluciński

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Athenie Nazema

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Pluciński

(Address) 314 S Wolfe St

15- APR - 3 1915 Filed....., 191.....

ROBERT . KRACTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 1 1915, that I saw him alive on March 31 1915, and that death occurred, on the date stated above, at 10 20 a/p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

about

(Duration) 1 yrs. mos. dr.

(Signed) Geo. Fisher M. D.

April 2, 1915. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, April 5, 191.5

20-UNDERTAKER Robert J Turner

ADDRESS 1722 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84108 90 84108

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N Collington Av ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice R. Saunders

(Residence in Baltimore: No. 1203 N Collington Av St.; 51 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December (Month) (Day) 1863 (Year)

7-AGE, 51 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Grant

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H Saunders

(Address) 1203 N Collington

15- APR - 3 1915 Filed....., 191.... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 2nd 1915, that I saw h[illegible] alive on April 2nd 1915, and that death occurred, on the date stated above, at 10 02 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Collapse
Acute Bronchitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) 3 yrs. mos. ds.

(Signed) H H Saunders M. D.

April 2, 1915. (Address) 219 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	April 4, 1915.
20-UNDERTAKER Bott & Sons	ADDRESS 1142 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

84109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 84109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 411 E. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Renczuicz

(Residence in Baltimore: No. 411 E. Bond St

St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Jany (Day) 13th, (Year) 1915.

7-AGE, ...yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Constanty Renczuicz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bronswava Labuska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Constanty Renczuicz

(Address) 411 E. Bond St

15- APR - 3 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) David W. Horn M. D. (Coroner.)

Apr 2 d., 1915 (Address) 311 E. O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rozary	April 3 1915.
20-UNDERTAKER	ADDRESS
Jacob Fialkowski	421 E Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 084110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Pinlico ally ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ann Brooks

(Residence in Baltimore: No. 801 Pinlico ally. St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Sex

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ... (Year)

7-AGE, 71 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Brooks

(Address) 801 Pinlico ally

15- APR - 3 1915 Filed ..., 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to March 31 1915, that I saw h[er] alive on March 31 1915, and that death occurred, on the date stated above, at 1235 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Pneumonia

Bronchitis Exhaustion

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. 7 ds.

(Signed) P. P. Young M. D.

4/1/, 1915. (Address) 6 S. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 4, 1915

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Little Pacca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X132 C.111

1-PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. Lombard & Greene ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Dixon

(Residence in Baltimore: No. Westport Md. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, March 6, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas Boone

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Cole

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Grace Cole

(Address)..... Westport Md.

15- APR - 3 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to April 2 1915, that I saw h.. alive on April 2 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Generalized Carcinoma

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Epithelioma of lip

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) M. L. Lambert, also M. D.

April 2, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Westport Md

Former or usual residence Same as above

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Suburban Cem'y	April 4, 1915
20-UNDERTAKER Geo H Hooper	ADDRESS 609 Little Rest

Be sure that all items are plainly written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

084112

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 084112

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2715 Tivoly Ave St.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Bittrick

(Residence in Baltimore: No. 2715 Tivoly Ave St.; ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr. (Month) 2 (Day), 1913 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Edward Bittrick

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Caroline Powell

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Bittrick

(Address) 2715 Tivoly Ave

15-Filed APR - 3 1915 by ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 2. (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-6 a. m. ~~191~~ to Apr. 2 1915, that I saw h.m alive on Apr. 2 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

period of utero gestation about 6½ Mos.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Ortlieb M. D.

Apr. 2, 1915 (Address) 634 Gramch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Apr. 3, 1915
20-UNDERTAKER	ADDRESS
Albert E. Fuller	2211 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C84113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 674 Ramsay ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Price

(Residence in Baltimore: No. 674 Ramsay St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, autumn, 1891.
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Auburn

PARENTS.

10-NAME OF FATHER, Samuel Dennis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah B. Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Cole

(Address) 320 E. St. Paul St.

15- Filed APR 3 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-15- 1915, to 4-1- 1915, that I saw her alive on 3-30- 1915, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. mos. ds.

(Signed) A. N. Cordrey M. D.

4-2-, 1915. (Address) 1524 Ashland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, 4-3-, 1915.

20-UNDERTAKER Daniel E. Kennedy — ADDRESS 578 W. Baltimore

Please fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C.S. 4114

CERTIFICATE OF DEATH.

37 C.S. 4114

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Lenn Dena Hawkins

(Residence in Baltimore: No. 1714 Carter St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Aug 3, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Johnson Lewis

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Cynthia Duke

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hospital

(Address) Baltimore St.

15- ROBERT . KRAUTER,
FILED APR - 3 1915 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1915, to Apr 2 1915, that I saw h.. alive on Apr. 2 1915 and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Tertiary Syphilis

Dorsal Ileum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward A. Smith M. D.

Apr. 2, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 8 ds. In the State 9 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1714 Carter St

Former or usual residence 1714 Carter St

19-PLACE OF BURIAL OR REMOVAL: Barber Ville Va — DATE OF BURIAL, April 3..., 1915

20-UNDERTAKER: C. L. Brown & Son — ADDRESS: 108 W. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84115 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C84115

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Eden ST.; 10 WARD)

2-FULL NAME Esther Smith

(Residence in Baltimore: No. 705 N. Eden St St.; ....yrs....mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 22, (Month) (Day), 1911. (Year)

7-AGE, 4 yrs. mos. ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Brown

(Address) 433 N. Central Ave

15- Filed APR 3 1915 ROBERT . KRAUSER, Registrar. Marriage Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25, 1915, to April 1, 1915, that I saw her alive on March 31, 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis - Pneumonia

(Duration) ....yrs. ....mos. 12 da.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(Duration) ....yrs. 1 mos. ....da.

(Signed) Wm. C. Atkinson M. D.

4/1 1915. (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 4, 1915.

20-UNDERTAKER Charles B. Jones — ADDRESS 504 Rogers Ave

DEATH CERTIFICATE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 5-10

C84116

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N. Exeter ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmas Johnson

(Residence in Baltimore: No. 519 N Exeter St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	Married

6-DATE OF BIRTH, July (Month) 15th (Day), 1871 (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Johnson

(Address) 519 N. Exeter

15- Filed APR - 3 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 10 ds.

(Signed) Moses M. Savage M. D. (Coroner.)

Apr. 2nd, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sand Tavern	April 5 1915

20-UNDERTAKER	ADDRESS
Charles B Jones	504 Rog

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84117

CERTIFICATE OF DEATH.

81 C84117

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 Hargest Lane ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Horstmann

(Residence in Baltimore: No. 1238 Hargest Lane St.; 58 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Sept (Month) 3 (Day), 1844 (Year)

7-AGE, 70 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia D. Schmates

(Address) 1238 Hargest Lane

15- APR - 3 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25th 191, to April 2nd 191 5, that I saw h dead alive on March 31st 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) Ed. D. Toney M. D.

April 2nd, 191 5 (Address) 1401 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, April 5, 1915

20-UNDERTAKER J. Herwig & Co

ADDRESS 2008 Aliceanna

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684118

CERTIFICATE OF DEATH.

28 684118

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Ashland Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice M. Walker

(Residence in Baltimore: No. 1821 Ashland ave St.; 17 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 22, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wilmington Del

PARENTS.

10-NAME OF FATHER, Wilbur Zapf

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur Zapf

(Address) 1821 E Ashland

15. Filed APR - 3 1915, 191... ROBERT . KRAUTER, Marital Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1915, to March 31 1915, that I saw her alive on March 31 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) 0 yrs. 4 mos. ds.

(Signed) Wilbur J. Hayward M. D.

4-2-15, 191... (Address) 1508 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Matthews Cem	Apr 3, 191...
20-UNDERTAKER	**ADDRESS**
J Herwig & Co	2005 Orleans

CAUSE OF DEATH must be stated in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84119 — 84119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hecker

(Residence in Baltimore: No. 516 S. Register St St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 8 (Day) 1864 (Year)

7-AGE, 50 yrs. 4 mos. 24 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ill.

PARENTS.

10-NAME OF FATHER, Orville Hecker

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Miss

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29, 1915, to Apr. 1, 1915, that I saw h[illegible] alive on Apr. 1 1915, and that death occurred, on the date stated above, at 6:00 p.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma Liver

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Operation 4/1/1915

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward L. Smith M. D.

Apr. 1, 1915 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ds. In the State 28 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 516 S. Register St.

Former or usual residence 516 S Register St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 3 1915
20-UNDERTAKER	ADDRESS
Jos. M. Frank	811 N Wolfe

If the CAUSE OF DEATH is very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84120

91 84120

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Lowman ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Peter Dermith

(Residence in Baltimore: No. 1435 Lowman St.; ..yrs.,..mos. 16ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 3 (Month) 16 (Day), 1915 (Year)

7-AGE, ..yrs..mos. 16 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Dermith

11-BIRTHPLACE OF FATHER (State or Country), Hungary.

12-MAIDEN NAME OF MOTHER Lena Kreto

13-BIRTHPLACE OF MOTHER (State or Country), Hungary.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sirosh, Md.

(Address)..... 1570 Fort Ave.

15- Filed APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-1-1915, to 4-2-1915, that I saw h m alive on 4-2-1915, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia (Capillary bronchitis)

(Duration)...yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneu. bronchitis (8 mos.)

(Duration)...yrs.....mos.....ds.

(Signed)..... Sirosh M. D.

4-2-, 1915. (Address)...1570 Fort Ave.,....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?...

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Apr. 3, 1915

20-UNDERTAKER John J Tobey & Son ADDRESS 1318 Light St.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very much to be desired. Every certificate must be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084121

CERTIFICATE OF DEATH.

170 084121

1-PLACE OF DEATH

REGISTERED NO. C.

CITY OF BALTIMORE: (No. 2577 W. Balto St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Beck

(Residence in Baltimore: No. 2577 W. Balto. St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Married

6-DATE OF BIRTH, May 7, 1877. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
37 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Balcke

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Augenow

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Beck

(Address) 2577 Balto St

15- APR - 3 1915 Filed ROBERT KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to March 31 1915, that I saw h[illegible] alive on March 31 1915, and that death occurred, on the date stated above, at 1 58 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds. Unknown

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter E. Cox M. D.

4-1, 1915. (Address) 54 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Apr. 5, 191[illegible]
20-UNDERTAKER Harry V. Ehlen	ADDRESS 1948 W. North

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 684122

684122

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2648 W. North Av ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Philip Sindall

(Residence in Baltimore: No. 2648 W. North Av St.: 68 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: May 17, 1847 (Month) (Day) (Year)

7-AGE: 68 yrs. — mos. 16 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John W. Sindall

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Susanah Bates

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John E. Hullett

(Address) 2648 W North Av

15 Filed APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1910, to April 1 1915, that I saw h[illegible] alive on April 1, 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Oedema

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Arterio-Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed), Standish McKelvey M. D.

April 2, 1915 (Address) 1609 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: April 5, 1915

20 UNDERTAKER: Geo W Little | ADDRESS: 531 N Fremont Av

C84123

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C84123

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Railroad Ave St. 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Gertrude Bowen

(Residence in Baltimore: No. 3607 Railroad Ave St.; 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Sept 6th (Month) (Day), 1914 (Year)

7-AGE: ..... yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) child

9-BIRTHPLACE (State or country) Balto City Md

PARENTS

10-NAME OF FATHER David P. Bowen

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Gertrude Patterson

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. P. Bowen

(Address) 3607 R.R. Ave

15- APR - 3 1915 Filed ....., 191 ..... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to April 1, 1915, that I saw h.r alive on April 1st 1915, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion
Suffocation

..... (Duration) ..... mos. ..... ds.

Contributory (SECONDARY) Bronchial Pneumonia

..... (Duration) 3 mos. 3 ds.

(Signed) Vernon Tibbels M. D.

4/2, 1915 [Address] 3701 Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: April 3, 1915

20-UNDERTAKER: Chenoweth & Son — ADDRESS: Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

084124

HEALTH DEPARTMENT—CITY OF BALTIMORE

084124

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3960 Elm Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Porter

(Residence in Baltimore: No. 3960 Elm Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 11 (Day), 1887 (Year)

7-AGE, 27 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John T Porter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Wink

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Porter

(Address) 3960 Elm Ave

15-
Filed APR - 3 1915, 191.... ROBERT . KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1914, to April 3 1915, that I saw h.. alive on April 3 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary): Laryngeal Tuberculosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) C F Kemp M. D.

Apr 4, 1915. (Address) 320 Rutland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Ham[illegible]

DATE OF BURIAL, Apr. 5, 1915

20-UNDERTAKER, Thomas H + Son

ADDRESS Charles Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684125 684125 × 91 684125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp. REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1 ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Harris

(Residence in Baltimore: No. Rockland Ave. Catonsville Md. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, April ....., 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
27 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Thomas Rogan

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Emily Rogan

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thomas Rogan

(Address)..... Catonsville Md.

15- APR - 3 1915 ROBERT . KRAUTER
Filed....., 191.... Marial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April ....., 1915..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6 1915, to April 1 1915, that I saw her alive on April 1 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

..... Acute Cardiac dilatation
and pulmonary edema
..... (Duration).....yrs.....mos..1....ds.

CONTRIBUTORY (Secondary) Acute Bronchial Pneumonia
..... (Duration).....yrs.....mos..10..ds.

(Signed)...Jas. L. Spears.....M. D.

April 2 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 25 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Rockland Ave. Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Odd Fellows Catonsville — DATE OF BURIAL, April 3, 191.5

20-UNDERTAKER Easton Sons — ADDRESS Elliott City

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

684126

91 684126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Mc Elderry ST.; 7 WARD)

REGISTERED No. C

2-FULL NAME Kunicunda Dorbert

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2113 Mc Elderry St.; 60 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, November 25, 1843
(Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Dorbert

(Address) 2113 Mc Elderry St

15- APR - 3 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 2 1915, that I saw h[illegible] alive on April 2 1915, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 3, 1915. (Address) 2600 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, April 5, 1915.

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson

CAUSES OF DEATH must be plainly written, so that they may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684127

CERTIFICATE OF DEATH.

9V 084127

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hewett

(Residence in Baltimore: No. 1013 N. Chapel St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ...Jan.... (Month) 24 (Day) 1879 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Hewett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Evans.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Chelf

(Address) Johns Hopkins Hosp.

15- Filed APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 24 1915, to Mar. 31 1915, that I saw h~~im~~alive on Mar. 31 1915, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) C.G. Guthrie M. D.

Mar 31, 1915 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1013 N. Chapel St.,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem.	April 4th 1915
20-UNDERTAKER	ADDRESS
Harry A. Vodery	1725 Orleans St.

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084128

CERTIFICATE OF DEATH.

28 084128

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Jones

(Residence in Baltimore: No. 105 Rogers Ave. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 12, 1910
(Month) (Day) (Year)

7-AGE, 4 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER. Henry Jones.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Ella Walker.

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. Phillips

(Address) Johns Hopkins Hosp.

15- Filed APR - 3 1915 191.. ROBERT KRAUTZ, Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2d 191 5, to Mar. 31 191 5, that I saw her alive on Mar. 31 191 5, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) H. S. Baetjer M. D.

Mar 31, 191. 5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 105 Rogers Ave

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. MAR 31 1915

ADDRESS

20-Commissioner of Health, Per. Wm. E. WOODALL, Supervisor.

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Property classified. Exact statement of OCCUPATION is very

084129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 | 084129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2216 Fleet St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Ozakiewska

(Residence in Baltimore: No. 2216 Fleet St. 10 Minits St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 3, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Ozakiewski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lucy Frankowich

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Ozakiewski

(Address) 2216 Fleet St

15- APR - 3 1915 ROBERT . KRAUTER,
Filed....., 191.. Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Six and a half months

in Utero

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H. W. Jones M. D.
(Coroner)

Apr 3, 1915 (Address) 3116 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Apr 3., 19.15
20-UNDERTAKER Wm Fiaskowski	ADDRESS 1618 Eastern Ave

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84130

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C84130

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 E. Payson St. 50 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Kirner

(Residence in Baltimore: No. 2025 E. Payson St. 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: September 14, 1852 (Month) (Day) (Year)

7-AGE: 62 yrs. 6 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Ludwig E. Kirner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas F. Kirner Jr

(Address) 202 E Payson St

15. Filed APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar- 31-, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1915. to Mar 31- 1915. that I saw him alive on Mar 31- 1915. and that death occurred, on the date stated above, at 2.55 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) La Grippe

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C. E. Heller Hemming M. D.

April 7, 1915 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 4, 1915

20-UNDERTAKER: G. B. Hesselius — ADDRESS: 2238 Frederick Av

Spec.—5-19-13—M. & T.—500 Bks.

084131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 084131

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Cambridge. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Bauer.

(Residence in Baltimore: No. 2244. Cambridge. St.; yrs. 9 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 7 (Day), 1914 (Year)

7-AGE, yrs. 9 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Heinrich Bauer.

11-BIRTHPLACE OF FATHER (State or Country), Gaw de Grace Md

12-MAIDEN NAME OF MOTHER Katharine Nowak

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Nowak

(Address) 2244 Cantum Ave

15- Filed APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, apr (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from apr 2 1915, to apr 2 1915, that I saw her alive on apr 2 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) A. L. Tumbleson M. D.

Apr. 3. 1915 (Address) 2013 Bank st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Apr. 4, 1915

20-UNDERTAKER William Fiallowski ADDRESS 168 Eastern Ave

Important. See instructions on back of certificate. Be sure property classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 084132

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 So. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Frety

(Residence in Baltimore: No. 1020 So. Paca St.; 21 yrs., 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, December 19, 1893 (Month) (Day) (Year)

7-AGE, 21 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Robert H. Parker

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary E. Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Parker

(Address) 1020 So. Paca St

15- APR - 3 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 3 1915, to April 1 1915, that I saw h[illegible] alive on April 1 1915, and that death occurred, on the date stated above, at 12.45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

.....(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

.....(Duration) yrs. mos. ds.

(Signed) John H. Owens M. D.

April 2, 1915. (Address) Fairmount Ave & Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, 4/5, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68133

CERTIFICATE OF DEATH.

X 14 68133

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elva Grace Eiker

(Residence in Baltimore: No. Fairchield Pa St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, July 20, 1907
(Month) (Day) (Year)

7-AGE, 7 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, Jacob P. Eiker

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania.

12-MAIDEN NAME OF MOTHER Carrie Heming

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Eiker

(Address) 1 H Hoch

15- APR - 3 1915 ROBERT . KRAUTER
Filed....., 191.... Marital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1915, to April 2 1915, that I saw h er alive on April 2 1915, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

(Edioma) Brain tumor.

(Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY (Secondary) Brain tumor

(Duration).....yrs. 5 mos.....ds.

(Signed) Isador Zadek M. D.

April 3, 1915. (Address) 1 H Hoch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 4 ds. In the State....yrs....mos. 4 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fairfield, Pa

19-PLACE OF BURIAL OR REMOVAL, Fairfield, Pa. DATE OF BURIAL, April 3, 1915

20-UNDERTAKER Robert T Timmins ADDRESS 1442 W Baltimore

important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 C84134

C84134

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Mt Royal Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Brady

(Residence in Baltimore: No. 1303 Mt. Royal ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 21 (Month) (Day), 1843 (Year)

7-AGE, 71 yrs. 4 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Boston Mass

PARENTS.

10-NAME OF FATHER, John Fulding

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Fulding

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen T Brady

(Address) Johnstown Pa

15- Filed APR - 3 1915, 191.... ROBERT KRAUTER, Marital Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1915, to April 1st 1915, that I saw h[illegible] alive on April 1st 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. M. Preston M. D.

April 2, 1915. (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pittsburg Pa — DATE OF BURIAL, April 4, 1915

20-UNDERTAKER H. C. Wedefeld — ADDRESS 914 Fremont Av

important. See instructions on back of certificate.

684135

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 684135

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 846 Harlem Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice L. Neal.

(Residence in Baltimore: No. 846 Harlem Ave St.: 34 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word) widow

6-DATE OF BIRTH March 3, 1843
(Month) (Day) (Year)

7-AGE 71 yrs. 11 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Home.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Frederick Md.

PARENTS

10-NAME OF FATHER Michael Haller

11-BIRTHPLACE OF FATHER (State or country) Fred. Md.

12-MAIDEN NAME OF MOTHER Charlotte Bierley

13-BIRTHPLACE OF MOTHER (State or country) Fred Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. F. W. Bayley

Address 846 Harlem Ave

15-FILED APR - 3 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 3rd, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1915, to April 3rd, 1915, that I saw h[er] alive on April 3rd, 1915, and that death occurred, on the date stated above, at 2.10 m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Paralysis.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) August Storm M. D.

April 5 1915 (Address) 46 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL April 5, 1915

20-UNDERTAKER George J. Smith | ADDRESS 1600 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684136 64 684136

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH He

CITY OF BALTIMORE: (No. 1406 Mt. Royal Avenue ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Pamelia Nicholson

(Residence in Baltimore: No. Formerly 10 W. Madison St.-1406 Mt. Royal Ave. St.; ....yrs., ...mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. December 24th, 1838. (Month) (Day) (Year)

7-AGE. 76 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Independent income

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Isaac L. Nicholson

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Caroline L. Cook

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Andrew L. Bosley

(Address). 1406 Mt. Royal Ave.

15- Filed APR - 3 1915 ROBERT . KRASTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 1st, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1915, to April 1st 1915, that I saw her alive on March 31st 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. 2/ mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) W. D. Lockwood M. D.

April 2, 1915. (Address) 2 E. Eager St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem.	4—5—, 1915.

20-UNDERTAKER Henry W. Jenkins & Son Co. ADDRESS Orchard & Mc Culloh Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084137

CERTIFICATE OF DEATH.

42 084137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Mosher St. ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrikka Mowinckel Whelan

(Residence in Baltimore: No. 122 Mosher St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, September 22, 1859
(Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady at
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Hans Peter Mowinckel

11-BIRTHPLACE OF FATHER (State or Country), Bergen Norway.

12-MAIDEN NAME OF MOTHER Augusta Isabella Crook

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Katherine L. Whelan

(Address) 122 Mosher St.

15- Filed APR - 3 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1914, to April 2 1915, that I saw h[illegible] alive on April 2 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Ring M. D.

April 3 1915. (Address) 1425 Eutaw PL

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, April 5, 1915.

20-UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS N. Gilmor & Baker

important. See instructions on back of certificate.

...e property chamber. Brief statement of OCCUPATION is very

684170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 684135

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Off Pier No 1 City Harbor ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Norton.

(Residence in Baltimore: No. 95 S. Ellwood Ave. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, August (Month) 8 (Day), 1895 (Year)

7-AGE, 19 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Geo M. Norton

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Ella M. Kelso

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella M. Russell

(Address) 7413 E. Chase

15- Filed APR - 4 1915 ROBERT . KRAUTER, Actg Asst. Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Drowned.
Fell out of row boat.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Fred H. Schamberger M. D. (Coroner.)

April 1, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: April 4, 1915

20-UNDERTAKER: E J Fanning ADDRESS: 1460 Battery ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84139 — 15 C84139

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 Edmondson ave. ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lloyd H. Canfield,

(Residence in Baltimore: No. 1303 Edmondson ave. St.: yrs., 3 mos. ds.)

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male,	White,	Married,

6-DATE OF BIRTH. ..... May ..... ? ....., 1888.
(Month) (Day) (Year)

7-AGE. ..... 26 yrs. 11 mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrician,...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York,

PARENTS.

10-NAME OF FATHER, I. Canfield,

11-BIRTHPLACE OF FATHER (State or Country). New York,

12-MAIDEN NAME OF MOTHER Katherine Thrift,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Dobson, uncle,

(Address) 1808 W. Saratoga st.

15- Filed APR - 4 1915 ROBERT . ZRADTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 2nd (Day) ....., 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pistol-shot wound of heart, (suicide)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Bemptr M. D.
(Coroner.)

April 3, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Nyack N.Y.	April 4, 1915
20-UNDERTAKER	ADDRESS
W.M Routson	230 N Greene

Spec.—8-24-14—M. & T.—2000 Bks.

084140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 084140

1-PLACE OF DEATH
CITY OF BALTIMORE, No. Maryland General Hospital (ST.) 14 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Bowen

(Residence in Baltimore: No. 1805 Pennsylvania Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 18.. (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Calvert Co Md

PARENTS.

10-NAME OF FATHER. John B Bowen

11-BIRTHPLACE OF FATHER (State or Country). Calvert Co Md

12-MAIDEN NAME OF MOTHER. Margt L Bowen

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Steele

(Address) 2013 Arlington Ave

15- Filed APR - 4 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1915, to Apr 1, 1915, that I saw h.r alive on Mar 31 1915, and that death occurred, on the date stated above, at 3 45 A.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis and
Pericarditis

(Duration) ....yrs....mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism (Duration) ....yrs. 3 mos. ....ds.

(Signed) Chas C Guyer M. D.

Apr 1, 1915 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 9 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1805 Pennsylvania Ave

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Woodlawn Cemetery	Apr 5, 1915
20-UNDERTAKER	ADDRESS
H S Marshall	3324 Belair Rd

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8141 — 78 — C8141

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1111 Edmondson Ave. ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. Vernon Badger.

(Residence in Baltimore: No. 1111 Edmondson Ave St.: 26 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single.

6-DATE OF BIRTH: Aug 17, 1888 (Month) (Day) (Year)

7-AGE: 26 yrs. 7 mos. 20 ds. If LESS than 1 day ....hrs. or ....mm.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Attorney-at-law
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: A. P. Badger.

11-BIRTHPLACE OF FATHER (State or country): South Carolina

12-MAIDEN NAME OF MOTHER: Matilda C. Jones.

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. P. Badger.

(Address) 1111 Edmondson ave

15. Filed APR - 4 1915 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apl. 2, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1915. to. Apl. 2 1915.
that I saw h[im] alive on Apl. 2, 1915.
and that death occurred, on the date stated above, at 8 00 a.m.
The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ..... yrs. 2 mos. ..... ds after exposure

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John E. O'Neill M. D.

Apl 2, 1915 (Address) 7308 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Apl 5, 1915

20-UNDERTAKER: John Howman — ADDRESS: 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84142 C84142

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1527 Millvain ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nina Slimmett

(Residence in Baltimore: No. 1527 William St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Apr 3, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jesse Slimmett

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Nina Sudsam

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Slimmett

(Address) 1527 William St

15- Filed APR - 4 1915 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 19 15, to Apr 3 19 15, that I saw h[illegible] alive on Apr 3 19 15, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Congenital weakness

(Duration) ..... yrs. 26 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hurlestaffler M. D.

4/3, 1915 (Address) 1318 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Westons

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL. April 4, 1915

20-UNDERTAKER Mrs. L. E. Evans & Son — ADDRESS 1428 S. Charles

Important. See instructions on back of certificate.

C84143

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C84143

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1931 Penna. Ave ST. 14 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Gallagher

(Residence in Baltimore: No. 1931 Penna. Ave St.; yrs. 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1854 (Year)

7-AGE: 60 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10-NAME OF FATHER: Thomas Kelly

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Lilly

(Address) Jacksonville Md

15. FILED APR - 4 1915 191 ROBERT . KRAUSE Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 2 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1915, to April 2 1915, that I saw her alive on April 2, 1915, and that death occurred, on the date stated above, at 7:40 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 19 ds

Contributory (SECONDARY) Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed), T. E. Daugherty M. D.

April 2, 1915 (Address) 1932 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Patrick Cem

DATE OF BURIAL: 4/5 APR., 1915

20-UNDERTAKER: William Cook

ADDRESS: 507 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

08414

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 08414

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 940 Harford ave ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Vincent

(Residence in Baltimore: No. 940 Harford ave St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 6, 1908 (Month) (Day) (Year)

7-AGE: 6 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Richmond Va

PARENTS

10-NAME OF FATHER: John P. Vincent

11-BIRTHPLACE OF FATHER (State or country): Richmond Va

12-MAIDEN NAME OF MOTHER: Josephine Dwyer

13-BIRTHPLACE OF MOTHER (State or country): Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Dwyer

(Address) 724 Harford ave

15-Filed APR - 4 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 2d, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to, Apr. 2d, 1915, that I saw h-r alive on Apr. 1st, 1915, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Cardiac asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Benjamin Godfrey M. D.

....., 191.... (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Apr 4 ,191.5.

20-UNDERTAKER: Elliott C Fuller — ADDRESS: 221 N Bradway

C84145

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 C84145

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S Norris al St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Worley

(Residence in Baltimore: No. 322 S Norris al St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec. (Month) 27 (Day) 1865 (Year)

7-AGE: 49 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Edward Worley

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Worley

(Address) 322 Norris St

APR - 4 1915 Filed ....., 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1915, to, Apr 1 1915, that I saw h.im alive on Mch 21 1915, and that death occurred, on the date stated above, at 4 29 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis,
Mitral insufficiency
(Duration) ....yrs. ....mos. unknown ds.

Contributory (SECONDARY) General Oedema

(Duration) ....yrs. ....mos. ....ds.

(Signed), Joseph E. Muse M. D.

Apr 2, 191 5 [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: April 4, 1915

20-UNDERTAKER: John F. Fells

ADDRESS: 1200 Eastern Ave

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

084146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Bayard St.; 21 WARD)

REGISTERED No. C 91 084146

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G Howard.

(Residence in Baltimore: No. 1230 Bayard St.; ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Francis Howard.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Viola G Brewer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Howard.

(Address) 1230 Bayard St

15- APR - 4 1915 ROBERT J. KRAUSER, Filed ..... 191 ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 2 1915, that I saw him alive on April 1 1915, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) no yrs. no mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Raymond J Glaum M. D.

April 3, 1915. (Address) Mt Lowans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	April 4 1915
20-UNDERTAKER	ADDRESS
John J Fields	1200 Fremont

Important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CB4147 CB4147

CERTIFICATE OF DEATH.

172

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 11 WARD)
2-FULL NAME John Kremer
(Residence in Baltimore: No. 835 Druid Hill Ave St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) 19 (Day), 1864 (Year)

7-AGE, 50 yrs. 6 mos. 12 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House painter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Kremer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Anna Lodg

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo Kremer
(Address) 835 Druid Hill Ave

15- Filed APR - 4 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock and concussion of brain the result of accidentally fall to the pavement while painting a building.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner.) M. D.

April 1st, 1915. (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos. 1 ds.
Where was disease contracted, if not at place of death? accident in front of 2105 E. Baltimore St.
Former or usual residence 835 Druid Hill Ave.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	4/5, 1915
20-UNDERTAKER Henry W. Mears & Son	ADDRESS 805 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084148

CERTIFICATE OF DEATH.

120 084148

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 820 Poplar Grove St.; 16 WARD)

2-FULL NAME Julia Amelia Holbrook

(Residence in Baltimore: No. 820 Poplar Grove St.; ..... yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 10, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Henry Ehler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louise Hemming

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Louise Ehlers

(Address)..... 820 Poplar Grove

15- Filed APR - 4 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1915, to April 3 1915, that I saw h.. alive on April 2 191.., and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

.....
Arteriosclerosis
.....
..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis Chronic

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dan'l F. Fellows M. D.

4/3, 1915. (Address) 2047 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 6, 1915.

20-UNDERTAKER W. J. Sherwood for Norman — ADDRESS

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

084149

REGISTERED No. C 79 084149

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1905 Thomas St. 12th WARD)

2-FULL NAME Chas. F. Klotz

(Residence in Baltimore: No. 1905 Thomas Ave St.; unknown yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Please write clearly. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 73 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Rose Krupp

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Klotz

(Address) 1905 Thomas Ave

15. Filed APR - 4 1915, 191 ROBERT . KRAUTH, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1915, to April 1 1915, that I saw him alive on April 1, 1915, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Dilated heart (Old history of myocarditis before I attended him)

(Duration) ? yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. T. Kemp M. D.

April 3, 1915 (Address) 8 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cem. DATE OF BURIAL: April 4, 1915

20-UNDERTAKER: Wm. J. Tickner ADDRESS: 1809 North Ave

C84150

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C84150

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 1325 W. North Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Colton Kentbecker

(Residence in Baltimore: No. 1325 W. North ave St.; 20 yrs. 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Married

6-DATE OF BIRTH June 21, 1888 (Month) (Day) (Year)

7-AGE 26 yrs. 9 mos. 11 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Government
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE (State or country): City.

PARENTS

10-NAME OF FATHER: Robt E. Kentbecker

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Lavinia Am Colton

13-BIRTHPLACE OF MOTHER (State or country): City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt E Kentbecker

(Address) 1325 W North

15- APR - 4 1915 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1914, to April 1915, that I saw h[illegible] alive on April 1, 1915, and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

see other side

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Exhaustion etc.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Frederick Lentz M. D.

April 3, 1915. (Address) 2040 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: April 4 1915

20-UNDERTAKER: W J Tickner & Sons — ADDRESS: North & Penn

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state AGE should be stated EXACTLY.

c84151

HEALTH DEPARTMENT—CITY OF BALTIMORE

c84151

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 20 WARD)

2. FULL NAME William Burke

(Residence in Baltimore: No. 2013 Saratoga

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 4th (Day), 1869 (Year)

7-AGE, 45 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maine.

PARENTS.

10-NAME OF FATHER, Richard Burk

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Amanda O. Brian

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gen. Burke

(Address) 2013 W. Saratoga

15- Filed APR - 4 1915 191

ROBERT KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of glottis - the result of bruising of throat, said produced by a blow maxilla, accidental. Struck by a moving train

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter W. Savage M. D. (Coroner.)

April 4th 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 6h 3hours. yrs. mos. ds.

Where was disease contracted, if not at place of death? at Bay-view junction

Former or usual residence 2013 Saratoga

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery | DATE OF BURIAL, April 5, 1915

20-UNDERTAKER John J. Cowan & Son | ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

68152 — 111 — 68152

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Oakley St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Claut Donnelly

(Residence in Baltimore: No. 2022 Oakley St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June (Month) 27 (Day) 1864 (Year)

7-AGE: 50 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kiud of work: none
(b) General uature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Baltimor

PARENTS

10-NAME OF FATHER: H H Kelly

11-BIRTHPLACE OF FATHER (State or country): Baltimor

12-MAIDEN NAME OF MOTHER: Lydia Curry

13-BIRTHPLACE OF MOTHER (State or country): Baltimor

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Fred. Faulkner

(Address) 2022 Oakley St

15- Filed APR - 4 1915 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 3 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29, 1915, to, Apr 3 1915, that I saw her alive on Apr 3 1915, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Hepatitis

X

(Duration) yrs 3 mos. 15 ds.

Contributory (SECONDARY) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed), E William Frey M. D.

Apr 3, 1915 [Address] 1928 Central Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Apr 5 1915

20-UNDERTAKER: Stewart & Mowen Co — ADDRESS: 108 W. North Ave

TION is very important. See instructions on back of certificate. ... may be properly classified. Exact statement of OCCUPA-

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684153 684153

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Linwood ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Cahill

(Residence in Baltimore: No. 112 N. Linwood ave St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr. 1 (Month), 1852 (Day), (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George H. Reeder

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Huck

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John E. Cahill

(Address)..... 112 N. Linwood ave

15- Filed APR - 4 1915 ROBERT . KRAUTER, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to April 2 1915, that I saw h[illegible] alive on April 2 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) John E. Cahill M. D.

April 2, 1915. (Address) Piedmont Hotel Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Apr. 5th 191.5

20-UNDERTAKER John A. Moran

ADDRESS Banks & Canton

Supervisor. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8415 64 C8415

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harper Hanover Mkt ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elanor Hausman

(Residence in Baltimore: No. 1709 Baltimore St

St.; 63 yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Jan (Month) 15 (Day), 1852 (Year)

7-AGE, 63 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Married wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. Diskelbark

11-BIRTHPLACE OF FATHER (State or Couutry), Germany

12-MAIDEN NAME OF MOTHER Christine Vollman?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... J. R. Kraut

(Address)..... 1709 Baltimore St

15- APR - 4 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to April 2 1915, that I saw h— alive on April 2nd 1915, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration)....yrs....mos....1 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed)..... W. M. Morris ..... M. D.

April 3, 1915. (Address) Nanticoke Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 63 yrs. 2 mos. 15 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1709 Baltimore St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mound	April 5, 1915
20-UNDERTAKER	ADDRESS
Ellen Mitchell	120 N. Fayette

Important.—See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C4155

90 C84155

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2520 N Charles ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Ann North

(Residence in Baltimore: No. 2520 N Charles St - St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Col	Widow

6 DATE OF BIRTH: Dec (Month) 15 (Day), 1821 (Year)

7 AGE: 93 yrs. 3 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Abel Homer

11 BIRTHPLACE OF FATHER (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Keziah Patison

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna North

(Address) 2520 N Charles St.

15. Filed APR - 4 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1915, to. April 2 1915, that I saw h.. alive on April 2, 1915, and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Senile debility

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Bronchitis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Carl Braun M. D.

April 3, 1915 (Address) 128 W Conway St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: April 5th 1915

20 UNDERTAKER: E. M. Mitchell — ADDRESS: 120 W. Fayette St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84156

CERTIFICATE OF DEATH.

120

C84156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Montford Ave ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Evans

(Residence in Baltimore: No. 204 N. Montford Ave St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 20, 1883
(Month) (Day) (Year)

7-AGE, 31 yrs. 4 mos. 13 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj Evans

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Benner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna McNamara

(Address) 225 N. Port st

15- Filed APR - 4 1915, 191. ROBERT, KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ... 1915, to Apr. 2. 1915, that I saw h[illegible] alive on Apr 2 191..., and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Apr. 5, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson st

important. See instructions on back of certificate.

084157

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 084157

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 323 N. Poppleton St ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Stump

(Residence in Baltimore: No. 323 N. Poppleton St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December 27, 1883
(Month) (Day) (Year)

7-AGE: 31 yrs. 3 mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Walker

(Address) 323 N. Poppleton St

15 Filed APR - 4 1915 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 1, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1915, to April 1, 1915, that I saw him alive on April 1, 1915, and that death occurred, on the date stated above, at 11.50 A m.

The CAUSE OF DEATH* was as follows:

Laryngeal Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt. L. Murray M. D.

April, 1915 (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetary	Apr 4, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2534 Jefferson

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084158

CERTIFICATE OF DEATH.

10 084158

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Crompton St ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Kaufmann

(Residence in Baltimore: No. 1004 Crompton St St.; Unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 6 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Bergar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Kaufmann

(Address) 1004 Crompton St

15- Filed APR - 4 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infleuenza

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) E. Elenborgen M. D. (Coroner.)

Dec 12, 191.5 (Address) 517 Lock Tower

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 6, 1915

20-UNDERTAKER C. M. Underwood — ADDRESS 1610 E. Chase St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CS4159 CS4159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George G. Righter

(Residence in Baltimore: No. 2011 Hollins St St. 70 yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 25th (Day), 1895 (Year)

7-AGE, 20 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George M. Righter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Maggie M. Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George M. Righter
(Address) 2011 Hollins St.

15- APR - 4 1915 ROBERT . KRAUSE
Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.
Automobile Accident
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration)....yrs.....mos.....ds.

(Signed) Saml Hamburg M. D.
(Coroner.)
April 4th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1/2 ds. In the State 20 yrs. 1 mos. 8 ds.
Where was disease contracted, if not at place of death? Pierson Sweat Fairmount Ave
Former or usual residence 2011 Hollins St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr. 6, 19..
20-UNDERTAKER Knepp & Cook	ADDRESS 100 S. W. Balto St.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C84160 HEALTH DEPARTMENT—CITY OF BALTIMORE C84160

CERTIFICATE OF DEATH. x 115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Ehrenworth

Residence in Baltimore: No. 344 Church St, Norfolk, Va. St.: ...yrs., mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Aaron Ehrenworth

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lewis .....

(Address) 1419 E. Baltimore St

15-

Filed APR - 4 1915 191.... ROBERT . KRAUTZ, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to Apr 4 1915, that I saw h[illegible] alive on Apr 4 1915, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

..... Cholecystitis .....

.....

.....

..... (Duration).....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary) Post operative shock

..... (Duration).....yrs.....mos. 3 ds.

(Signed) M. B. Lewis M. D.

Apr. 4, 191.5 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. 17 ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Norfolk, Va

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va | DATE OF BURIAL, 4/4.., 191.5

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Baltimore St

Important. See instructions on back of certificate.

Rec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84161 C84161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Burnham

(Residence in Baltimore: No. Riderwood, Md ST.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 21 (Day), 1881 (Year)

7-AGE, 33 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Queen Anne's Co Md

PARENTS.

10-NAME OF FATHER, William Savage

11-BIRTHPLACE OF FATHER (State or Country), Queen Anne's Co. Md,

12-MAIDEN NAME OF MOTHER Mary Antony

13-BIRTHPLACE OF MOTHER (State or Country), Queen Anne's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Burnham

(Address) Riderwood, Md.

15- APR - 4 1915 ROBERT . GRADUER, Special Permit Clerk
Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 3 191 5, that I saw h er alive on April 3 191 5, and that death occurred, on the date stated above, at 12 20 pm.

The CAUSE OF DEATH* was as follows:

Ex Phthalmic Goitre
Surgical Shock

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. N. Shaw M. D.

191.. (Address) Union Prot. Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Riderwood, Md

19-DATE OF BURIAL OR REMOVAL, Prospect Hill Cem. DATE OF BURIAL, April 6 1915

UNDERTAKER John Burns & Son ADDRESS Towson

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C8416

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 719 N. Montford Ave. ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cossel Youngblein

(Residence in Baltimore: No. 719 N. Montford Ave. St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 12, 1860
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John C. Youngblein

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Amelia Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mary Youngblein
(Address) 719 N. Montford Ave

15- APR - 4 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1915, to April 2 1915, that I saw h.... alive on April 1 1915, and that death occurred, on the date stated above, at 4 1 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Contributory
(Duration) ....yrs. 6 mos. ....ds.
CONTRIBUTORY (Secondary) Inanition due to Vomiting
(Duration) ....yrs. ....mos. 7 ds.

(Signed) Edward J. Cook M. D.
4/2, 1915. (Address) 413 N. Wash. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery
DATE OF BURIAL, April 5, 1915

20-UNDERTAKER Albert Turner
ADDRESS 1814 Orleans

important. See instructions on back of certificate.

C84163

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84163

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3935 Lowndes Ave St. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice E Williams

(Residence in Baltimore: No. 3930 Lowndes Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Nov 5 Th, 1856 (Month) (Day) (Year)

7-AGE: 58 yrs. 6 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John M Williams

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary E Prouty

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Weller
(Address) Waverly

15- APR - 4 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1915, to, Apr 3 1915, that I saw h— alive on Apr 2, 1915, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) 4 yrs. mos. ds.

(Signed) W H Farr M. D.

April 4, 1915. (Address) 12 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: April 6, 1915

20-UNDERTAKER: Robt J Turner — ADDRESS: XXXX Bdway

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, OR AFTER REMOVAL FROM RESIDENCE, THE PLACE WHERE THE DISEASE WAS CONTRACTED, IF KNOWN, SHOULD BE GIVEN AS RESIDENCE. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 884162

CERTIFICATE OF DEATH.

104 884164

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 730 N. Ann ST.: V WARD) REGISTERED No. C..

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Szab

(Residence in Baltimore: No. 730 N. Ann St.; ~~yrs.~~ ~~mos.~~ 22 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 13, 1915
(Month) (Day) (Year)

7-AGE, ~ yrs. ~ mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. ~~none~~
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Szab

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Grol

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Szab

(Address) 730 N. Ann St

15- APR - 4 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Enteritis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) D. W. Jones M. D.
(Coroner.)

April 4. 1915. (Address) 700 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	APR 5 - 1915
20-UNDERTAKER M. F. Sabatelli	ADDRESS 705 S. ANN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84165

CERTIFICATE OF DEATH.

10 84165

1-PLACE OF DEATH University Hospital 15 REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J. Shriver

(Residence in Baltimore: No. 1712 N Fulton ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... unknown ....., 1840
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farm Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Wm L. Shriver

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Ely Smith

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur Shriver

(Address) 1712 N Fulton ave

15- APR - 4 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 ..... 2 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-26-1915, to 4-2-1915, that I saw him alive on 4-2-1915, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

.....

Influenza .....

..... (Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY. (Secondary) Broncho-pneumonia

..... (Duration) .....yrs. .....mos. 5 ds.

(Signed) Otto Rausenbush M.D. M. D.

4-2-, 1915.. (Address) Almo. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 7 ds. In the State 69 yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? ? ?

Former or usual residence Westertown Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Rockenbach Cemetery	April 5, 1915
20-UNDERTAKER Maurice Poulton	ADDRESS 230 N Green

C84166

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84166

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 W Fairmount Ave St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warner Bradley

(Residence in Baltimore: No. 1516 W Fairmount Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Dec (Month) 17 (Day) 1873 (Year)

7-AGE 41 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Butcher wagon

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred J Freeland

(Address) 114 N Schroeder St

15- APR - 5 1915 (191) HENRY O. ANGELES, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15, 1915, to Apr. 2. 1915; that I saw h.im alive on Apr. 1. 1915., and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 10 ds.

Contributory (SECONDARY) Acute bronchitis

(Duration) ..... yrs ..... mos. 15 ds.

(Signed) W C Freilinger MD M. D.

Apr. 4 1915 [Address] 68 E Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: APR - 5 1915

20-UNDERTAKER: Alfred J Freeland — ADDRESS: 114 N Schroeder St

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84167

CERTIFICATE OF DEATH.

91 C84167

1-PLACE OF DEATH Hebrew Hospital 4 REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.;..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Adams.

(Residence in Baltimore: No. 504 W. Fayette st. St.: 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Aug. (Month) ..... 7 (Day) ....., 1846 (Year)

7-AGE, 70 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cashier
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stinard Co.

9-BIRTHPLACE, (State or Country), Baltic City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Shumack

(Address) 1039 N. Broadway

15- Filed APR - 5 1915, 191... HARRY G. ARENTZ Registrar.

Burial Permit Col.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-2-15 191, to 4-2-15 191, that I saw h[illegible] alive on 4-2-15 191, and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. B. Lewis M. D.

, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 64 yrs. mos. — ds.

Where was disease contracted, if not at place of death? 504 W. Fayette st.

Former or usual residence 504 W. Fayette st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Apr. 6..., 1915.
20-UNDERTAKER	ADDRESS
Albert E. Fuller	221 N. Broadway

Important. See instructions on back of certificate.

C84168

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Argyle ave ST.: 14 WARD)

Registered No. C. 1720 C84168

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Jones

(Residence in Baltimore: No. 1616 Argyle avenue St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 25 (Month) (Day), 1860 (Year)

7-AGE: 54 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Prince George Co. Va

PARENTS

10-NAME OF FATHER: Jacob Ridley

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emmett Jones

(Address) 1616 Argyle ave

APR - 5 1915 Filed ..., 191...

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..., 191..., to, April 3 1915, that I saw h... alive on April 2 1915 and that death occurred, on the date stated above, at 10. 0 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis.

(Duration) 8 yrs. ... mos. ... ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) 3? yrs. ... mos. ... ds.

(Signed) Thos. H. Dorsey M. D.

April 3 1915. [Address] 1209 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: April 6, 1915

20-UNDERTAKER: George H. Holland ADDRESS: 517 Robert St.

TION is very important. See instructions on back of certificate. ... property classified ... Extract statement of OCCUPA-

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

084169

19 084169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Druid Hill Av ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle C. Stephens

(Residence in Baltimore: No. 1825 Druid Hill Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: April 2nd (Month) (Day), 1 (Year)

7-AGE: 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Silas Stephens

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Margaret Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Emily Stephens

(Address): 1825 Druid Ave

15- Filed APR - 5 1915 MARY O ARLHEDT, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 2 1915, that I saw h[er] alive on April 2 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..yrs. ..mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac Hypertrophy

(Duration) 1 yrs. ..mos. ..ds.

(Signed) H. S. McCard M. D.

4/4, 1915. (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	April 5, 1915

20-UNDERTAKER: John A. Bishop ADDRESS 160 Dolphin St

Suggestions: See instructions on back of certificate.

C84170

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84170

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1421 N. Wolfe St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georg & Pohlman

(Residence in Baltimore: No. 1421 N. Wolfe St.; ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colute

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 8th, 1858 (Month) (Day) (Year)

7-AGE: 56 yrs. 11 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Iron coaster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Dalls County Tex

PARENTS

10-NAME OF FATHER: Nicholas Pohlman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Pohlman

(Address) 1421 N. Wolfe St

APR - 5 1915 Filed ....., 191 ..... Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 3rd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30th, 1915, to April 3rd, 1915, that I saw h[illegible] alive on April 2nd, 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Croupous)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Stover M. D.

April 4th, 1915 (Address) 1501. E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: April 6 1915

20-UNDERTAKER: A. Pinkerton ADDRESS: 913 N. Gay St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should be very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8417

CERTIFICATE OF DEATH.

50 8417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annia Audibert

(Residence in Baltimore: No. 242 N. Exeter St.; 2 Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 3, 1847
(Month) (Day) (Year)

7-AGE, 67 yrs., 8 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carroll —

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Carroll —

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Donelly

(Address) 1040 N. Howard St.

15-
Filed APR - 5 1915 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3d, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 3 1915, that I saw h[illegible] alive on April 3 1915, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

.....

.....

.....

(Duration) 1 D. yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) yrs. 3 mos. ds.

(Signed) H. H. Warner M. D.

April 3, 1915 (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 67 yrs. 8 mos. — ds.

Where was disease contracted, if not at place of death? 242 N. Exeter St.

Former or usual residence 242 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, April 191..

20-UNDERTAKER Edward J. Byrne — ADDRESS 302 Gay

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84172 — 40 — C84172

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(Residence in Baltimore: No. 707 Druid Hill Ave St.: 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, December ....., 1865
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Sol Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Spivey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Dorsey

(Address) 1521 Argyle Ave

15- APR - 5 1915 HARRY O. ANDREWS,
Filed....., 19..., OFFICIAL PRINT CLERK,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 - 1915, to April 3 - 1915, that I saw him alive on April 3 - 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No operation

Duration: ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) General Cachexia

Duration: ? yrs. ? mos. ? ds.

(Signed) A. Lowenbach M.D. M. D.

April 3 -, 1915. (Address) Lawrence Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 707 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
M. Auburn	April 5, 1915
20-UNDERTAKER	ADDRESS
Samuel F. Hawley	5 & W Biddle

FILMED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84178 — 92 — 84178

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1607 St Paul ST.; 12 WARD)

2-FULL NAME Walter G. James

(Residence in Baltimore: No. 1607 St Paul St.; 1 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1875 (Year)

7-AGE. 39 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Prop fisher
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry W. James

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Johanna Stephens

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna T. James

(Address) 1607 St Paul St.

15-
Filed APR - 5 1915, 191.. HARRY O. ARLETT, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1915, to April 3 1915, that I saw him alive on April 2 1915, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. L. Lloyd M. D.

April 4 1915 (Address) 205 Pecan Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pecan Cemetery — DATE OF BURIAL, April 6, 1915

20-UNDERTAKER Will Cook — ADDRESS Hot Springs Ark

FSA • AAA

ODAK

Spec.—8-24-14—M. & T.—2000 Blks.

08417A

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 08417A

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E. 21st St. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes A Binsteed

(Residence in Baltimore: No. 432 E. 21st St. St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	single

6-DATE OF BIRTH, June (Month) 23 (Day) 1895 (Year)

7-AGE, 19 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo J Binsteed

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo J Binsteed

(Address) 432 E. 21 St.

15- APR - 5 1915 Filed....., 191... GEO. U. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1915, to April 3 1915, that I saw h[illegible] alive on April 3 1915, and that death occurred, on the date stated above, at 9 0' m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dan'l Smith MD M. D.

April 4, 191... (Address) 712 Pierce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Apr. 6....., 1915
20-UNDERTAKER	ADDRESS
Lowe Cook	5026 North

Spec.—8-24-14—M. & T.—2000 Bks.

Dr. Brothers 2100 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 N. Bradford ST.: 8 WARD)

REGISTERED No. C 170 084175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stritter

(Residence in Baltimore: No. 1226 N. Bradford St.: 75 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 29, 1839
(Month) (Day) (Year)

7-AGE, 75 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Peter Stritter

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Lant Knox

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise M. Stritter

(Address) 1226 N Bradford

15- APR - 5 1915

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 191.., to Apr 2 1915, that I saw h[illegible] alive on April 2 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Contributory

(Duration) 0 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Crouse M. D.

April 3, 1915 (Address) 300 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	April 5, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	508 E. Fayette

C84176

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C84176

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 5 N. Monroe ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John George Kolb

(Residence in Baltimore: No. 5 N Monroe St.; 70 yrs. 9 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: June (Month) 19 (Day) 1844 (Year)

7-AGE: 70 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: Michael Kolb

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Anna Bell

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Kolb

(Address): 5 N. Monroe St

15- Filed APR - 5 1915. 191.....

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1915, to, Apr 2nd 1915, that I saw h-- alive on April 2nd 1915, and that death occurred, on the date stated above, at 8.45 p.m.

The CAUSE OF DEATH* was as follows:

COMA

(Duration) — yrs. — mos. 1 ds.

Contributory (SECONDARY): Senility

(Duration) — yrs. — mos. 15 ds.

(Signed) M. O'Leary M. D.

April 3rd 1915 [Address] 1108 S. Edwards St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 5, 1915

20-UNDERTAKER: Geo. A. Gerber — ADDRESS: Balto Md

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8417

CERTIFICATE OF DEATH.

41 C8417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2550 Boyd ST.; 20 WARD) REGISTERED No. C

2-FULL NAME Wallis Cook

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2550 Boyd St.; 37 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ..., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Schindwolf Hofmann

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Cook

(Address) 2550 Boyd

15-

Filed APR - 5 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1914, to April 3 1915, that I saw h[illegible] alive on April 2 1915, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Colon
Operation + Microscopic Exam

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jones M. D.

April 4 191.5. (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 6., 1915

20-UNDERTAKER Geo. A. Gerber — ADDRESS Baltimore

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Registered No. C 6

CITY OF BALTIMORE: (No. 1244 S.Sharp St. St.: 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wasiljoo.

(Residence in Baltimore: No. 1244 S.Sharp St. St.; yrs. 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: September (Month) 18 (Day), 1914 (Year)

7-AGE: yrs. 6 mos. 18 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto.Md.

PARENTS

10-NAME OF FATHER: John Wasiljoo

11-BIRTHPLACE OF FATHER (State or country): Hungary

12-MAIDEN NAME OF MOTHER: Marie Adam

13-BIRTHPLACE OF MOTHER (State or country): Hungery

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wasiljoo

(Address) 1244 S.Sharp st.

15- Filed APR - 5 1915, 191 [illegible] Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch.29/15, 191, to, Apr.4/15 191, that I saw h im alive on Apr.3/15 191, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

MEASLES

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) Convulsions

(Duration) yrs mos. 1 ds.

(Signed) Henry Wadeschmidt M. D.

Apr.5/15 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross AA&	4-5 1915
20-UNDERTAKER	ADDRESS
E & B Hasle	115 E West St

TION is very important. See instructions on back of certifica

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8479 C8479

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N. Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Izzetta M. Janzen

(Residence in Baltimore: No. 1519 N. Dallas St.; 47 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 24, (Month) (Day) 1849 (Year)

7-AGE, 65 yrs. 9 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) work

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Janzen

(Address) 1519 N. Dallas

15- APR - 5 1915

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-27 1915, to 4-2-1915, that I saw h[illegible] alive on 4-2-1915 and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-
Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen J. Beerbower M. D.

....., 191... (Address) 3139 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mathews — DATE OF BURIAL, Apr. 5, 1915

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84180 — 176 — C84180

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georges Adam Goetz

(Residence in Baltimore: No. 1718 Keyser St St.; ~ yrs., ~ mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) ....., 185[illegible] (Year)

7-AGE, 67 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dentist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Rudolph Goetz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Snider

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Bevans

(Address) 1518 N Broadway

15- APR - 5 1915 HARRY O. ANDREWS, Filed ....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31 1915, to April 4 1915, that I saw him alive on April 4 1915 and that death occurred, on the date stated above, at 4.48 P. m.

The CAUSE OF DEATH* was as follows:

Contusion of chest
Generalized sepsis & pneumonia
Immediate cause

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
Terminal (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward [illegible] Johnson M. D.

April 5, 1915 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 67 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1718 Keyser St

Former or usual residence 1718 Keyser St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 7th, 1915.
20-UNDERTAKER	ADDRESS
Charles Fahey & Sons	66 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84181 45 C84181

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 104 E Fort ave. ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L Parks.

(Residence in Baltimore: No. 104 E Fort ave St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 24, 1848
(Month) (Day) (Year)

7-AGE, 56 yrs. 6 mos. 9 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Builder
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W Parks

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary E Morgan

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Parks

(Address) 104 E Fort ave.

15- APR - 5 1915 HARRY O. AHLERS, Burial Permit Clerk.
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 31, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1, 1914, to Apr 3, 1915, that I saw him alive on Apr 2d 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage of Brain (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. ds.

(Signed) C. E. Henderson M. D.

Apr 4, 1915. (Address) 1425 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Apr 5, 1915

20-UNDERTAKER J. Fem McCauley — ADDRESS 39 E Fort

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84182 40 C84182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 West Conway ST.: 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Micha Silly Foos.

(Residence in Baltimore: No. 650 West Conway St.; 43 yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April 27, 1871 (Month) (Day) (Year)

7-AGE, 43 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William A Foos

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Sarah P. Harmon

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Dennis

(Address) 650 W. Conway

15- Filed APR. - 5 1915 HARRY O. ANDREWS, M.D., Registrar. Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 2 1915, that I saw h[er] alive on April 2 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No operation

A. Microscopic (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) made

(Duration) yrs. mos. ds.

(Signed) H. J. Kolsch M. D.

April 2, 1915. (Address) 814 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 5, 1915

20-UNDERTAKER W. J. Buchner & Son ADDRESS 9 Marshall

C84183

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84183

CERTIFICATE OF DEATH.

80

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Masonic Temple Charles ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. C. Smith.

(Residence in Baltimore: No. North Ave & 10th St. St., ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown ....., 1870.
(Month) (Day) (Year)

7-AGE, 45 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jos. C. Smith.

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER ..... Brown.

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Bell.

(Address) Same Building.

15. Filed APR - 5 1915 1915 HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute interstitial nephritis

..... (Duration) over 3 yrs. ...mos. ...ds.

(Signed) Thos. Steinmeyer M. D.
(Coroner.)

April 3, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 5, 1915

20-UNDERTAKER McLean & Jones

ADDRESS 833 Linden ave

Important. See instructions on back of certificate.

C84184

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C8418

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No 1027 Sarah Ann St. 18 WARD)

2-FULL NAME John R. Harris

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1027 Sarah Ann St., 23 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: Colored — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 8 (Month) ..... (Day) 1868 (Year)

7-AGE: 46 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Essex Co Va

PARENTS

10-NAME OF FATHER: James Harris

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary James

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Harris

(Address) 1027 Sarah Ann

15- Filed APR - 5 1915 191 HARRY O ARLANTS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 3 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 191 , to, April 3 191 ,
that I saw h..... alive on April 3 191 ,
and that death occurred, on the date stated above, at 8 A m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs ..... mos. 7 ds.

(Signed), H. M. Wood M. D.

April 3, 191 [Address] Fairfax Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 5 191 5

20-UNDERTAKER: R L Parham — ADDRESS: 820 Hugo St

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C8418S HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C8418S

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W Hoffman ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Alexander Dale Jr

(Residence in Baltimore: No. 211 W Hoffman St St.: ...yrs., 23 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 ..... (Year)

7-AGE.	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Thomas A Dale

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Alice Dale

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by the Father Thos A Dale

(Address) 211 W Hoffman St

15- APR - 5 1915 HARRY O. ARMSTRONG

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 4 1915, to April 3 1915, that I saw him alive on March 24 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pleurisy, probably tubercular

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY. Heart, Tuberculosis,
(Secondary)
Unknown (Duration) ...yrs. ...mos. ...ds.

(Signed) Pearce Kintzing M. D.

April 3, 1915. (Address) 1321 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	April 5, 1915
20-UNDERTAKER Robert A Elliott	ADDRESS 506 Rodgers Ave

C84186

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C84186

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1001 W Lanvale St.: 16 WARD)

2-FULL NAME Robert K. Kneass

(Residence in Baltimore: No. 1001 W. Lanvale St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: About 65 yrs. mos. ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ohio P[illegible]

PARENTS

10-NAME OF FATHER: Harm Kneass

11-BIRTHPLACE OF FATHER (State or country): P[illegible]

12-MAIDEN NAME OF MOTHER: Sally Emmons

13-BIRTHPLACE OF MOTHER (State or country): [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary L. White

(Address) 1001 W Lanvale St

15. Filed APR - 5 1915, 191 ..... ARTHUR G. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 3rd., 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1915, to April 3rd, 1915, that I saw him alive on April 3rd, 1915, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) — yrs. — mos. 13 ds.

Contributory (SECONDARY) Cystitis

(Duration) — yrs. — mos. 3 ds.

(Signed) Herbert F. Freeman M. D.

April 3, 1915 (Address) 1227 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Philadelphia

DATE OF BURIAL: April 6, 1915

20-UNDERTAKER: W. J. Tudor & Son

ADDRESS: Norwood

IS very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C84187 C84187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Light ST.; 24 WARD) REGISTERED No. C

2-FULL NAME Anna Belle McKinney

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 909 Light

St.) 56 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) single

6-DATE OF BIRTH, Aug 26, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, James McKinney

11-BIRTHPLACE OF FATHER (State or Country) Pa

12-MAIDEN NAME OF MOTHER Sarah Tardwell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm D McKinney

(Address) 909 Light St

15-

Filed APR - 5 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1914, to April 3 1915, that I saw h[er] alive on April 3 1915, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Deformans

Anasarca

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C H Hammer Jr M. D.

April 5, 1915. (Address) Light & Warren

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL APR 5 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

084185

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pen Lucy Ave ST.; East of Old York Rd 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Jordan Jacobsen

(Residence in Baltimore: No. Pen Lucy Ave St.; 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 25 (Day), 1834 (Year)

7-AGE, 80 yrs. 10 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry G. Jacobsen

11-BIRTHPLACE OF FATHER (State or Country), Denmark

12-MAIDEN NAME OF MOTHER Maria Boller

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred H. Jacobsen

(Address) Pen Lucy Ave.

15- APR - 5 1915
Filed....., 191... HARRY O. ANDREAE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 28th, 1915, to April 4th, 1915, that I saw h[illegible] alive on April 4th 1915, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration)....yrs....mos. 7....ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration)....yrs....mos....ds.

(Signed) C. D. Sleeuken M. D.

April 4 1915. (Address) 4005 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, April 6th, 1915

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~84189~~ 80 C84189

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 427 H. Moy ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Hopkins

(Residence in Baltimore: No. 427 H. Moy St.; Lifetime yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ~~November~~ 1853
(Month) (Day) (Year)

7-AGE 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Johnson

(Address) 1827 Eutaw Pl.

15- APR - 5 1915 HARRY O. ANDREWS,
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 3 1915, that I saw ~~her~~ alive on April 3 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart Dis.

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) A. L. Zellers M. D.

4/3, 1915. (Address) 724 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, ..., 1915

20-UNDERTAKER Geo. H. Hooper — ADDRESS 1021 Balto. St.

Spec.—8-24-14—M. & T.—2000 Bks.

C84190 HEALTH DEPARTMENT—CITY OF BALTIMORE C84190

CERTIFICATE OF DEATH.

48

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 700½ E Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Manning
(Residence in Baltimore: No. 700½ E Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 16 (Month), ... (Day), 1900 (Year)

7-AGE, 15 yrs. = 180 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lense Grinder
(b) General nature of industry, business, or establishment in which employed (or employer): Bausch & Lomb Optical Co.

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS.
10-NAME OF FATHER William Manning
11-BIRTHPLACE OF FATHER (State or Country) Pittsburg Penn
12-MAIDEN NAME OF MOTHER Clara Daly
13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Clara Flannigan
(Address) 700½ E. Biddle

15- Filed APR - 5 1915, 191.. HARRY O. ANDRESS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1915, to April 4 1915, that I saw him alive on April 3 1915, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Inflamatory Rheumatism
(Duration) ....yrs. ....mos. 20 ds.
CONTRIBUTORY (Secondary) Heart Complication
(Duration) ....yrs. ....mos. 6 ds.
(Signed) Benj. D. Lauchheimer M. D.
April 4, 1915. (Address) 1216 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cem	April 7, 191..
20-UNDERTAKER Chas F Evans & Son	ADDRESS 118 W Mt Royal

C84191

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84191

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 304 Park ave ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelphine Iglehart

(Residence in Baltimore: No. 304 Park ave St.; 76 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December 24, 1838 (Month) (Day) (Year)

7-AGE: 76 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: W. H. Hubert

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Mary Johnson

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adelphine Iglehart

(Address) 304 Park ave

15- Filed APR - 5 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31st 1915, to, April 5th 1915; that I saw h.e alive on April 4 1915; and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs ..... mos. 5 ds.

Contributory (SECONDARY) age

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) W B Gorsuch M. D.

4-5 1915 [Address] 117 N Sarato

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Leuden Park — DATE OF BURIAL: 4-7, 1915

20-UNDERTAKER: Lee Cook — ADDRESS: 501 E. H. ave

Insist upon a Certificate. READ carefully the instructions on back of certificate. Every item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8492

CERTIFICATE OF DEATH.

× 92 C8492

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Penny

(Residence in Baltimore: No. Hotel Gunther St.; ...yrs., ~ mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 22 (Month) (Day), 1873 (Year)

7-AGE, 42 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Horse-Mann
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York City

PARENTS.

10-NAME OF FATHER, Hugh Penny

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Nainor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Penny

(Address) Goshen, Orang Co. N.Y.

15- Filed APR - 5 1915, 191... BONNET . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 3 1915, that I saw him alive on April 3 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

.....

.....

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

None (Duration).....yrs.....mos.....ds.

(Signed) H. H. L. Garnett M. D.

April 3, 1915. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 1 day

Where was disease contracted, if not at place of death? —

Former or usual residence Hotel Gunther X

19-PLACE OF BURIAL OR REMOVAL, Jersey City N. J. DATE OF BURIAL, 4/5, 1915.

20-UNDERTAKER Mahony & Means Est. ADDRESS 805 N. Calvert

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8419S

CERTIFICATE OF DEATH.

10 C8419S

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E Oliver ST.; 8 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret R Johnston

(Residence in Baltimore: No. 1623 E. Oliver St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 8, (Month) (Day) 1831 (Year)

7-AGE, 83 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Indiana Penna

PARENTS.

10-NAME OF FATHER, Henry Hunter

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Elizabeth Vallentine

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David D Johnston

(Address) 1623 E Oliver

15- Filed APR - 5 1915 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1915, to April 3, 1915, that I saw her alive on April 3, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Epidemic influenza

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby, M. D.

April 4, 1915. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodsboro Md

DATE OF BURIAL, April 6, 1915

20-UNDERTAKER Robt Turner

ADDRESS 1424 Bway

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8194

CERTIFICATE OF DEATH.

81 C8194

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 N. Fairmount ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Alcock.

(Residence in Baltimore: No. 1834 N. Fairmount St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	White	Widow

6-DATE OF BIRTH, Nov (Month) ..., 1837 (Day) (Year)

7-AGE, 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Stallendale

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Trutman.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie L. Alcock

(Address) 433 S. Vanlow St

15- APR - 5 1915 Filed ..., 191... Registrar.

BURIAL PERMIT Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1915, to April 3 1915, that I saw h- alive on April 3 1915, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) E. Vandeburgh M. D.

April 5, 1915. (Address) 24 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 6, 1915.

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 08495

08495

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Koch

(Residence in Baltimore: No. Little Sisters Poor St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH unknown, 1852
(Month) (Day) (Year)

7-AGE 63 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Jacob Keber

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Wilhemina Heiligman

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Little Sisters of the Poor

(Address) St. Benedict

15- Filed APR - 5 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... Record, 191..., to, ... 191....., that I saw h.. sr. alive on April 4 191 5, and that death occurred, on the date stated above, at 1 1/2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

4 few days (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. O'Donnell M. D.

April 5, 1915 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 3 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cem. DATE OF BURIAL April 7, 1915

UNDERTAKER Robt J Turner ADDRESS 1112 N Broadway

IT IS very important that you see instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84196 × 170 C84196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C.....

2-FULL NAME William Green

(Residence in Baltimore: No. Bell Camp Md. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... unknown ....., (Month) (Day) 1836 (Year)

7-AGE, 79 .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Green

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER E Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karoline M. Green

(Address) Belair Pokaypond Co.

15- ROBERT J. KRAUTER,

Filed APR - 5 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 - 3 - 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-19-1915, to 4-3-1915, that I saw h.. alive on 4-3-1915, and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

? ? ?

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cardio-vascular

mitral insufficiency (Duration) .....yrs. 1 mos. .....ds.

(Signed) Burkamendale Coe M. D.

4-5-, 1915. (Address) Union Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 13 ds. In the State 79 yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence Bell Camp Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery. DATE OF BURIAL, April 6th 1915.

20-UNDERTAKER Felix B. Pyle. ADDRESS 128 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C8419 C8419

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 W. Franklin St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Mary Herbes

(Residence in Baltimore: No. 3 W. Franklin St.; 65 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 2nd, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andrew Franz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Herbes

(Address) 3 W. Franklin St.

15- APR - 5 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 3 1915, that I saw h[illegible] alive on April 2nd 1915, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows: Acute Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 8 da.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) ..... yrs. ..... mos. 10 da.

(Signed) J. Wilson Black M. D.

April 4, 1915. (Address) 2644 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. | DATE OF BURIAL, April 6th, 1915.

20-UNDERTAKER John A. Moran | ADDRESS Balto & Amity

Spec.—8-24-14—M. & T.—2000 Blks.

C84198

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84198

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Phelan

(Residence in Baltimore: No. 425 So. Chester St St.; 53 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Aug (Month) 18 (Day), 1834 (Year)

7-AGE, 80 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Daniel Phelan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St.

15- Filed APR - 5 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1915, to Apr. 4 1915, that I saw him alive on Apr. 4 1915, and that death occurred, on the date stated above, at 3:00 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(Duration) Do not know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Sweet M. D.

Apr. 4, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 13 ds. In the State 25 yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? 425 So. Chester St.

Former or usual residence 425 So Chester St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 6 1915

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann St

Spec.—5-19-13—M. & T.—500 Bks.

C84199 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 126 C84199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N Wolf. ST.; 6 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Eder.

(Residence in Baltimore: No. 124 N Wolf st. St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 3, 1842. (Month) (Day) (Year)

7-AGE, 73 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaretha Eder

(Address) 124 N. Wolf St.

15-

Filed APR - 5 1915 ROBERT . KRAUTER, Asst. Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 19 1915, to Apr 4 1915, that I saw him alive on Apr 3 1915, and that death occurred, on the date stated above, at 7.35 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of prostate

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypo-Pneumonia

(Duration) yrs. mos. ds.

(Signed) Geo Nelson Wales M. D.

, 191 . (Address) 143 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 6, 1915.

20-UNDERTAKER Wendell Kappler Son ADDRESS 37 S Amm st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84200

CERTIFICATE OF DEATH.

64 C84200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N Durham st. ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Morrison

(Residence in Baltimore: No. 20 N Durham St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September 8, 1869. (Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Nicholas Hemeline

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigunda Klapler

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Hemeline

(Address) 24 N. Durham St.

15- APR - 5 1915 ROBERT . KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to Apr. 5 1915, that I saw her alive on 4 4 1915, and that death occurred, on the date stated above, at 4. A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 1 mo. 3 ds.

(Signed) J. H. Ollenberg M. D.

Apr. 5, 191.5 (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 8, 1915.

20-UNDERTAKER Wendell Hupfer Son — ADDRESS 37 S Arch st

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84201
PLACE OF DEATH

CERTIFICATE OF DEATH

19 C84201
REGISTERED NO. C

CITY OF BALTIMORE (No. 105 W Hill ST. 27 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd W. Dorsey

(Residence in Baltimore: No. 105 W. Hill St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Unknown (Month), (Day), 1855 (Year)

7-AGE 60 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Lewis Dorsey

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ardella Dorsey

(Address) 105 W Hill St

APR - 5 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 4 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to April 4 1915, that I saw h-- alive on April 3, 1915, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(Duration) yrs. 3 mos. 4 ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. 3 mos. 4 ds.

(Signed) C. K. Foster M. D.

April 6, 1915 (Address) 714 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 7, 1915
20-UNDERTAKER John H. Toadvine	ADDRESS 142 W Hill St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84202

HEALTH DEPARTMENT—CITY OF BALTIMORE

9-C84202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 George ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda May Barney

(Residence in Baltimore: No. 628 George St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX.~~	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, August 23, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Lillie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Barney

(Address) 628 Geo St

15- Filed APR 5 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 4 1915, that I saw h[er] alive on April 4 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1/2 ds.

(Signed) Jno. G. Clarke M. D.

April 5, 1915 (Address) 20 E. N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Apl 6, 1915.
20-UNDERTAKER John W. Toadvine	ADDRESS 142 Wolfe St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84203 — CERTIFICATE OF DEATH. — 28 C84203

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Briscoe ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Waters

(Residence in Baltimore: No. 1131 Briscoe St.: 19 yrs., 9 mos. 10 ds)

known to Dr Horan Coroner as Madeline Waters

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 27 (Month) (Day), 1895 (Year)

7-AGE, 19 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John L Waters

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Elizabeth Elbert

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Waters

(Address) 1131 Briscoe St

15- APR - 6 1915 CLERK OF ARCHIVES,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to April 3 1915, that I saw her alive on April 2 1915, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar F. 10.

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Phthisis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) E. K. Horan M. D.

April 5, 1915 (Address) 712 S. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters ct

DATE OF BURIAL, April 6., 1915

20-UNDERTAKER A. L. Bromwell Sons

ADDRESS 108 N. Howard St

Spec.—8-24-14—M. & T.—2000 Blks.

C84204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

ID 10

REGISTERED No. C84204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Hillman ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evalyn Bush

(Residence in Baltimore: No. 916 Hillman St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washingtn D C

PARENTS.

10-NAME OF FATHER, Henry Paton

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mallie Lewis

(Address) 935 E Madison St

15- APR - 6 1915 filed, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to Apr 4 1915, that I saw h[illegible] alive on Apr 3 1915, and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 9 mos. 3 ds.

(Signed) Walter [illegible] M. D.

April 6, 1915 (Address) 1101 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, April 6, 1915

20-UNDERTAKER John W Henderson

ADDRESS 31 N. Caroline

Spec.—5-19-13—M. & T.—500 Bks.

C84205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84205

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Guilford Ave & 21st St. Home for Incurables ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Mueller

(Residence in Baltimore: No. Home for Incurables St.; 32 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, March (Month) 29 (Day), 1835 (Year)

7-AGE, 80 yrs. — mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Paul Hanck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Paul Mueller

(Address) 1903 Poore St.

15- APR - 6 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1906 191, to date 1915, that I saw h.. alive on April 1st 1915, and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) C. F. Taliaferro M.D.

April 5th, 1915. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death over 15 years yrs. mos. ds. In the State 32 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? Home for Incurables

Former or usual residence Home for Incurables

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	April 6th, 1915
20-UNDERTAKER H. C. Rogers	ADDRESS 17 S. Broadway

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84206 — CERTIFICATE OF DEATH — 120 — C84206

1 PLACE OF DEATH — Registered No. C .....

City of Baltimore (No. 2005 E. Edmondson Ave St.) 20 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William L. Hildebrand

(Residence in Baltimore: No. 2005 Edmondson Ave St.; 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: About X, 1859 (Month) (Day) (Year)

7 AGE: About 55 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Kansas

PARENTS

10 NAME OF FATHER: Henry Hildebrand

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Margt Franks

13 BIRTHPLACE OF MOTHER (State or country): Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia G. Hildebrand

(Address) 2005 Edmondson Ave

15 APR - 6 1915 M

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 4th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1914 to April 4th, 1915 that I saw h— alive on April 4th, 1915 and that death occurred, on the date stated above, at 11-30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bayard Carey M. D.

4/6 1915 (Address) 404 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Apr 7 1915

20 UNDERTAKER: J. W. Carlin's | ADDRESS: 917 W. Lanvale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84207

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1537 Hanover St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Annie F Benson

(Residence in Baltimore: No. 1537 Hanover St St.: 67 yrs., 11 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 11 (Day), 1847 (Year)

7-AGE, 67 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Matthias Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Shorter

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs E. Balla

(Address)..... 1537 Hanover St

15- FILED APR - 6 1915 Robert O. Arthur Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatism

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

..... (Duration) Sudden yrs.....mos.....ds.

(Signed) E. Gorman (Coroner.) M. D.

April 5, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cemetery	April 6, 1915
20-UNDERTAKER, R. J. McDermott	ADDRESS 1422 Light St

Important. See instructions on back of certificate. Any one who makes a false statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84208

CERTIFICATE OF DEATH.

C84208

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 East Cross ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Whittle

(Residence in Baltimore: No. 220 East Cross St.; 61 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, June (Month) 27 (Day), 1853 (Year)

7-AGE, 61 yrs. 9 mos. 7 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): office work

9-BIRTHPLACE, (State or Country), Balto City Maryland

PARENTS.

10-NAME OF FATHER, Charles Whittle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Yokel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Whittle

(Address) 220 E Cross St

15. Filed APR - 6 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 3rd 1915, that I saw him alive on April 30 1915, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

D.

Cerebral hemorrhage

(Duration) ....yrs. ....mos. 2 da.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 5 da.

(Signed) C. D. Bustard M. D.

April 5, 1915. (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 6 1915

20-UNDERTAKER W. J. M. J. Flynn

ADDRESS 1042 Light St

Spec.—5-19-13—M. & T.—500 Bks.

C84209

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

C84209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Kenwood ave ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Faupt

(Residence in Baltimore: No. 403 N. Kenwood Ave St.; 46 yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, August 5, 1868
(Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fredrick King

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margarite Wicker

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles N. Faupt.

(Address) 403 N. Kenwood Ave

15-

Filed APR - 6 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1914, to Apr. 5 1915, that I saw h er alive on Apr 4 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

Carcinoma Bladder

Carcinomatous Glands

(Operation performed) (Autopsy?) (Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. .... mos. .... ds.

(Signed) A. T. Ries M. D.

Apr. 5 1915. (Address) 24 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	April 8, 1915
20-UNDERTAKER, Louis Freeman	ADDRESS 32 S. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84210

CERTIFICATE OF DEATH.

28 C84210

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 So. Madeira ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Grauling

Residence in Baltimore: No. 321 S. Madeira St.; ? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 16, 1868 (Month) (Day) (Year)

7-AGE, 46 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER Fred. Wilhelm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Fasse

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grauling

(Address) 321 S. Madeira

15- APR - 6 1915 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 191 5, to April 5 191 5, that I saw h[er] alive on April 4 191 5, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 2 yrs. mos. ds.

(Signed) C Breer M. D.

April 5, 191... (Address) 1715 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, Apr. 8, 191 5

20-UNDERTAKER Wm Cook — ADDRESS 521 E. Mon

Spec.—8-24-14—M. & T.—2000 Bks.

C84211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) ST.; 12 WARD)

2-FULL NAME Frank M. Riley

Residence in Baltimore: No. 416 E 21st St. ? St.; ? yrs., ? mos. ? ds.)

1 70 C84211

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1881 (Year)

7-AGE, 34 ? ? yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Charles Riley

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Elida Matthew

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Riley

(Address) 416 E. 21 St.

15- APR - 6 1915 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 7 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-2-191 5, to 4-7-191 5, that I saw him alive on 4-7-191 5, and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Uraemia - Coma -

Cerebral oedema (Duration) yrs. mos. 5 ds.

(Signed) Alexander Bach M. D.

4-7-, 191 5. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ? ds. In the State 34 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 416 E. 21st St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 7, 1915

20-UNDERTAKER Wm Cook ADDRESS 502 E Baltimore

Spec.—8-24-14—M. & T.—2009 Bks.

C84212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C84212

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peterson D. Wade

(Residence in Baltimore: No. 911 N. Eden st. St.; 49 yrs., 0 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 24, 1866
(Month) (Day) (Year)

7-AGE. 49 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Printer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER. Henry Wade

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Anna Harris

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth L. Wade

(Address) 911 N. Eden

15- Filed APR. 6 1915 REBA V. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 5 1915, that I saw h in alive on April 5 1915, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonic Interstitial Nephritis

Work (Duration) A yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. 3 mos. ds.

(Signed) T. D. Warner M. D.

April, 1915 (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 911 N. Eden st

Former or usual residence 911 N. Eden st.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	April 7, 1915
20-UNDERTAKER Wm. Cook	ADDRESS 502 E Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

C84213 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 C84213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Bond ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard G Schuster

(Residence in Baltimore: No. 822 N Bond st St.; 44 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 7, 1867
(Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John E Schuster

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Pechler

(Address) 822 N Bond st

15-

Filed APR - 6 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 5 1915, that I saw h[illegible] alive on April 4 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ..... yrs. ..... mos. ! ds.

(Signed) Emil Novak M. D.

Apr 5, 191.5 (Address) 823 N Patterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 8, 1915

20-UNDERTAKER Wm Lentz — ADDRESS 502 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C84214

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 C84214

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Division St.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Johnson

(Residence in Baltimore: No. 2310 Division St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, (Month) (Day) (Year)
Just known 1861, 1

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Johnson

(Address) 2310 Division St.

15- Filed APR - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 4 (Day) 3 (Year) 15, 191...

17. I HEREBY CERTIFY, That I attended deceased from Jan 31st 1915, to March 3rd 1915, that I saw h[er] alive on March 2nd, 1915 and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Bullock M. D.

4/4, 191.5 (Address) 52 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 6, 1915
20-UNDERTAKER	ADDRESS
John H Owens	1122 Druid Hill Ave

C84215 HEALTH DEPARTMENT---CITY OF BALTIMORE 154 C84215

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1520 Hollins ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Muse

Residence in Baltimore: No. 1520 Hollins St., 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May (Month) 21 (Day), 1827 (Year)

7-AGE: 87 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: ~~Peter~~ Patrick Connor

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Creahan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph E Muse

(Address) 1520 Hollins St

15- APR - 6 1915 Filed ....., 191.....

HARRY O ANDERS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to, April 5 1915, that I saw her alive on April 4 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John C Bowen M. D.

4 Apr 1915 [Address] 1302 W. Lombard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Martinsburg W. Va

DATE OF BURIAL: Apl 6, 1915

20-UNDERTAKER: John Norman & Son

ADDRESS: 901 Hollins St

TION is very important. See instructions on back of certific

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84216

CERTIFICATE OF DEATH

10 C84216

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 W Pratt - St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M Hahn

(Residence in Baltimore: No. 1944 W Pratt St. 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: March (Month) 1 (Day) 1825 (Year)

7-AGE: 90 yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Caspar Schafer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Muhlmann

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C Hahn

(Address) 1944 W Pratt St

15-
Filed APR - 6 1915 19..
HARRY O. ANDREWS, Burial Permit Clerk
By ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to, April 3 1915, that I saw her alive on April 3 1915, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry J Hahn M.D.

April 3, 1915 [Address] 508 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: April 6th 1915

20-UNDERTAKER: F. B. Wappet ADDRESS: 2238 Frederick Ave

...TION is very important. See instructions on back of certificate. ...of occupa-

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84217

CERTIFICATE OF DEATH.

39 C84217

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. (St.) 18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Estelle Barber.

(Residence in Baltimore: No. 933 W. Baltimore St.; 47 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Divorced

6-DATE OF BIRTH: Mar. 3, 1868 (Month) (Day) (Year)

7-AGE: 47 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Mazamie Cayer

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Elizabeth Bowden

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bowden.

(Address) 733 N. Calvert St

15-Filed APR -6 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1915, to April 4 1915, that I saw her alive on April 4 1915, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue and Lymph Glands of Neck involving Left Common carotid artery (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Surgical shock (Duration) yrs. mos. 1 ds.

(Signed) Geo. C. Swan M. D.

April 4, 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 933 W. Balto. St.

19-PLACE OF BURIAL, OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL, Apr. 7, 1915.

20-UNDERTAKER: Jos. H. Cook ADDRESS 1002 W. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84218

CERTIFICATE OF DEATH.

91 C84218

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Rutter ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Florence Bowles,

(Residence in Baltimore: No. 1310 Rutter St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 7th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. ✓
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles L. Bowles

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Bowles

(Address) 1310 Rutter St

15- Filed APR - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1915, to April 5, 1915, that I saw h alive on April 4 1915, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. mos. ds.

(Signed) A. Lee Clark M. D.

April 5, 191.. (Address) 924 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 6th 1915.

20-UNDERTAKER James H. Dunn — ADDRESS 1733 Russum.

Spec.—5-19-13—M. & T.—500 Bks.

C84219 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C84219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Madison Av ST.; 13 WARD) REGISTERED No. C

2-FULL NAME Marilla Phelps Brooks

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2501 Madison Av St. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 11, 1851.
(Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry P. Brooks

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Rachael Honeyman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate E. Brooks

(Address) 2501 Madison Ave

15- Filed APR - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1914, to April 4 1915, that I saw her alive on April 4 1915, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and cerebral
Hemorrhage 2 3/4 years as a sequel
to chronic Nephritis
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Uraemia
(Duration) yrs. mos. 10 ds.

(Signed) Wm. R. Smith M. D.

April 5, 1915. (Address) 1126 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery, Balto Co

DATE OF BURIAL, April 7, 1915.

20-UNDERTAKER John B Spencer

ADDRESS 1325 N Caroline St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84220

C84220

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1076 W. Baltimore St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Girl Frank Falice

(Residence if Baltimore: No. 1076 W. Baltimore St. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr 1st, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 1 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frank Falice

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Jesse Wellbose

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR. 6 1915 HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 2nd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1st 1915, to April 2 1915, that I saw h[illegible] alive on Apr 1st 1915, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Albert L. Levy, M. D.

Apr 4, 1915. (Address) 1207 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, APR. 6, 1915

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

C84221

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C84221

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 N. Carrollton av ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma Chew

(Residence in Baltimore: No. 1005 N. Carrollton av St.; 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: January 20, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Thomas Chew

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Bertha Gody

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Chew

(Address) 1005 N. Carrollton Av.

15- APR - 6 1915

Filed ..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1915, to, April 3 1915, that I saw her alive on April 3 1915, and that death occurred, on the date stated above, at 4A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs ..... mos 9 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos ..... ds.

(Signed) Wm H Wright M. D.

April 5, 1915 [Address] 1209 Brook Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 6 1915

20-UNDERTAKER: Jam. H. Chase Son — ADDRESS: 1400 Mosher Av

TION is very important. See instructions on back of certificate.

C84222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 C84222
REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1522 E. Madison St.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smith

(Residence in Baltimore: No. 1522 E. Madison St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dont Know (Month) (Day), 1 (Year)

7-AGE: About 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Dont Know

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr White

(Address) 1522 E. Madison

APR - 6 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 191.., to April 6th 1915, that I saw h.. alive on April 5th, 1915, and that death occurred, on the date stated above, at 11a m.
The CAUSE OF DEATH* was as follows:

Parenchymatous nephritis

(Duration) Do not Know yrs. mos. ds.

Contributory (SECONDARY) Heart failure

(Duration) yrs. mos. 2 ds.

(Signed) Wm Gormley, M. D.

April 6, 1915 (Address) 1704 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence:

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 8, 1915

20-UNDERTAKER: J. A. Bishop — ADDRESS: 117 Park Ave

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84223

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84223

CERTIFICATE OF DEATH.

5 170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Levin

(Residence in Baltimore: No. 275 N. Exeter St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April — —, 18XX
(Month) (Day) (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Linder

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore

15-

Filed APR - 6 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1915, to Apr 5 1915, that I saw h.. alive on Apr 5 1915, and that death occurred, on the date stated above, at 3.05 P.m.

The CAUSE OF DEATH* was as follows:

.....Chronic Nephritis.....

..... (Duration) yrs. X mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) yrs. mos. 3 ds.

(Signed) M. B. Lewis M. D.

4/5, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 275 N. Exeter St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	4/6, 191.5
20-UNDERTAKER	ADDRESS
Jack Lewis	1419 E. Balto

C84224

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 C84224

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Hamilton Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Hodges.

(Residence in Baltimore: No. 2612 Hamilton Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: April 3 (Month) (Day) 1861 (Year)

7-AGE: 54 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Co Md.

PARENTS

10-NAME OF FATHER: Edward Schelley

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co Md.

12-MAIDEN NAME OF MOTHER: Emley Lew

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie L Shelley

(Address) 2612 Hamilton Ave

15- APR - 6 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 3 (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 191 5, to, April 3 191 5, that I saw h.. alive on April 2 191 5, and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) yrs 4 mos — ds.

Contributory (SECONDARY) .....

(Duration) yrs ..... mos ..... ds.

(Signed), John S. Birnie M. D.

April 14 191 5. [Address] 825 N. Carrollton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Stone Chapel Balto Co Md

DATE OF BURIAL: 4-6 191 5

20-UNDERTAKER: Wm Cook

ADDRESS 502 E. Lanvale

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84225

CERTIFICATE OF DEATH.

94 C84225

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED NO. C

2-FULL NAME Nathan Ullman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Hebrew Hosp. & Home St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 4 (Day), 1844 (Year)

7-AGE 70 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hebrew Record

(Address)

15- Filed APR - 6 1915 HARRY O. ANDREWS, Registrar. Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13 1915, to April 5, 1915, that I saw h[illegible] alive on April 5, 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Lewis M. D.

4/5, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 67 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Hebrew Hosp. & Home

Former or usual residence Hebrew Hosp. & Home.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Apl 7, 1915

20-UNDERTAKER Wm. Goodman

ADDRESS 118 W Mt Rd

Spec.—5-19-13—M. & T.—500 Bks.

C84226 HEALTH DEPARTMENT—CITY OF BALTIMORE 50 C84226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Lazarus

(Residence in Baltimore: No. 2313 Madison Ave St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Pinchus Goldstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Miriam Riener

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. Lazarus

(Address) 2313 Madison Ave.

15- APR - 6 1915 HARRY O. ANDREWS, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5, 1915, to April 6, 1915, that I saw h er alive on April 6, 1915, and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma at Hospital

(Duration) yrs. mos. 1 ds.

(Signed) M. B. Levin M. D.

4/6, 1915. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 37 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2313 Madison Ave

Former or usual residence 2313 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cy

DATE OF BURIAL, 4/7, 191..

20-UNDERTAKER David Sandheim

ADDRESS 418 N Mad Ave

Important. See instructions on back of certificate.

C84227

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

C84227

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1447 Reynolds St.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi May Seibert

(Residence in Baltimore: No. 1447 Reynolds St.: yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH October 5th (Month) (Day), 1914 (Year)

7-AGE ..... yrs. 6 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Richard M. Seibert

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Rose Lauchart

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard M. Seibert

(Address) 1447 Reynolds St

15. APR - 6 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 5th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1915, to April 5th, 1915, that I saw her alive on April 4th, 1915, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Sporadic Cerebro-spinal Meningitis (Immediate Infection)

(Duration) — yrs. — mos. 17 ds

Contributory (SECONDARY) Convulsions

(Duration) — yrs. — mos. 4 ds.

(Signed) Harry Oliver M. D.

April 6th, 1915 (Address) 1217 Hanover St. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery | DATE OF BURIAL: April 6th, 1915

20-UNDERTAKER: John J. Fahey & Son | ADDRESS: 1318 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84228

CERTIFICATE OF DEATH.

91 C84228

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 Mc Elderry ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Sherman

(Residence in Baltimore: No. 1414 Mc Elderry St.; 17 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ..... (Year)

7-AGE, 17 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Philip Frank

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Sherman

(Address) 1414 Mc Elderry St

15- Filed APR - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1915, to April 4, 1915, that I saw h— alive on April 4, 1915, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Bronchio Pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Robert J. Green M. D.

April 5, 1915. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1414 Mc Elderry St

Former or usual residence 1414 Mc Elderry St

19-PLACE OF BURIAL, OR REMOVAL, Federal Hill Bur. DATE OF BURIAL, April 6, 1915

20-UNDERTAKER D. Gilmor & Bro ADDRESS 1107 E Balto St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84229

CERTIFICATE OF DEATH

28 C84229

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 504 S Payson St. 20 WARD)

2 FULL NAME Eli Garbus

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 504 S Payson St.; 8 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7 AGE: 47 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Garbus

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Louis Garbus

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Morris Garbus

(Address) 504 S Payson St

15 Filed APR - 6 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 4 (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-4, 1915, to 4-6, 1915, that I saw h.. alive on 4-6, 1915, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Phthisis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

4-6, 1915. (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: 604 S Payson St

19 PLACE OF BURIAL OR REMOVAL: Hebrew Washington — DATE OF BURIAL: April 6, 1915

20 UNDERTAKER: S. Levinson & Bro — ADDRESS: 1107 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84230 HEALTH DEPARTMENT—CITY OF BALTIMORE C84230

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2658 Harford Ave ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bfort

(Residence in Baltimore: No. 2658 Harford Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH September 20, 1854
(Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) In Hotel

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Baumbrgen

(Address) 2658 Harford Ave

15- HARRY O. ANDREWS,
FILED APR - 6 1915 191... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3/15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 3rd 1915, that I saw h[illegible] alive on April 3rd 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [signature] M. D.

April 4th, 191.5 (Address) 1501 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetary	Apr. 6/15 191...
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

C84231

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84231

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Shakespeare ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Poniatowska

(Residence in Baltimore: No. 1620 Shakespeare St.; yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 23rd (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephan Duraczyk (Stated by mother of child)

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Felixa Poniatowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Felixa Poniatowska.....

(Address).....1620 Shakespeare St.....

15-

Filed APR - 6 1915 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or inquiry.) found that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

..... (Duration).....yrs.....mos. 14 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....David W. Jones.....M. D. (Coroner.)

Apr 6, 1915. (Address).....1116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Apr. 6., 1915
20-UNDERTAKER	ADDRESS
William Fialkowski	1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84232

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84232

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1525 Ramsey ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles George Heck

(Residence in Baltimore: No. 1525 Ramsey St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: September (Month) 6 (Day) 1853 (Year)

7-AGE: 61 yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Louis Heck

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Pleit

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs L. Heck

(Address) 1625 Ramsey St

15- Filed APR - 6 1915 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1915, to, April 4" 1915, that I saw h—— alive on April 4" 1915, and that death occurred, on the date stated above, at 2 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs ..... mos. 7 ds.

(Signed) W. Bauer, M. D.

April 4" 1915 [Address] 1103 Gilmor St

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 7 1915
20-UNDERTAKER Harry H. Witzke	ADDRESS 1008 Ramsey St.

*THE CAUSE OF DEATH is to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C84233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

C84233

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Pine ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Seba Alleston Cox

(Residence in Baltimore: No. 121 N. Pine St.: 30 yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 22 (Day), 1876 (Year)

7-AGE	If LESS than 1 day,
39 yrs. 1 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Noah Cox

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Luella A. Robey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Cox

(Address) 121 N. Pine St.

15- FILED APR - 6 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26 1914, to April 6 1915, that I saw h[illegible] alive on April 5 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) 5 yrs. mos. ds.

(Signed) Henry A. Weinberger M. D.

4/6, 191... (Address) 724 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	April 7, 1915
20-UNDERTAKER	ADDRESS
W. M. Coulbourn	230 N. Grove

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84234

CERTIFICATE OF DEATH.

151 C84234

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Parker

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 18th, 1914.
(Month) (Day) (Year)

7-AGE, yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....St. Vincents.....

(Address)....1701 Division St.....

15- Filed APR - 6 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 5th 1915, that I saw her alive on April 5th 1915, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition and Mal. assimilation

(Duration) yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer G. Hall M. D.

April 6, 1915. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 9 mos. 17 ds. In the State yrs. 9 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	Apr 7, 1915
20-UNDERTAKER	ADDRESS
H Fahey & Sons	606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84235

CERTIFICATE OF DEATH.

164 C84235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt. Asy. ST.: 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(Residence in Baltimore: No. St. Vincents Inf. Asy St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Aug. (Day) 17 (Year) 1914

7-AGE, ... yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James C. Jones

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Lottie Butts.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- Filed APR - 6 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 3rd 1915, that I saw him alive on April 3rd 1915, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

..... Gastro-intestinal intoxication.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer G. Hall M. D.

April 4th 1915. (Address) 1617 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	Apl 6, 1915
20-UNDERTAKER	ADDRESS
M. Flaherty & Sons	606 Lafayette Ave

C84236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84236
REGISTERED No. C.....

PLACE OF DEATH
CITY OF BALTIMORE (No. 812 N Dallas ST. 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Viola Cooper
(Residence in Baltimore: No. 812 N Dallas St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Infant

6-DATE OF BIRTH, Jan (Month) 19 (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 17 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, Daniel Cooper
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Lillian Clark
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Janey Stewart
(Address) 812 N. Dallas St

15- Filed APR - 6 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) Edgar L. Cassell M. D.
(Coroner.)
April 5th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 7th, 1915.
20-UNDERTAKER	ADDRESS
Chas G. Bailey	1421 Jefferson st

, important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84237 C84237

CERTIFICATE OF DEATH.

117

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospt. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Lenzinsky

(Residence in Baltimore: No. 320 Camden St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... (Month) 1 (Day) ..... (Year)

7-AGE, 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Ice cream mnfr

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md. General Hospital

15- Filed APR - 6 1915 191... ROBERT ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1915, to April 5 1915, that I saw h... alive on April 5 1915, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Peritoneal abcess

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ....yrs. ....mos. 2 wks. ds.

(Signed) John L. Temby M. D.

4/5, 191.5 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 wks. ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 320 Camden St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, APR 6 1915 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84238

C84238

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 St. Elizabeth Home ST.: ..... WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gaynor Marburg

(Residence in Baltimore: No. 1st Paul St St.; 3 yrs. 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	colored	

6-DATE OF BIRTH Oct (Month) ..... (Day), 1911 (Year)

7-AGE 3 yrs. 6 mos. ..... ds. | If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Charles Co Md.

PARENTS

10-NAME OF FATHER John G. Marburg

11-BIRTHPLACE OF FATHER (State or country) Charles Co Md

12-MAIDEN NAME OF MOTHER X

13-BIRTHPLACE OF MOTHER (State or country) X

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed APR - 6 1915 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 5 (Month) ..... (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21, 1915, to, Apr. 5 1915, that I saw h.... alive on Apr 4 1915, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs ..... mos. ..... ds.

Contributory (SECONDARY) Measles (atrophic condition followed attack of measles)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Edgar B. Tinsley M. D.

Apr 5 1915 [Address] 1610 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. 5 mos ..... ds. In the State 3 yrs. 6 mos ..... ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL OPKINS HOSPITAL

DATE OF BURIAL APR 6 - 1915, 191

ADDRESS

UNDERTAKER Health Commissioner
Per Wm. F. WOODALL

FOR ANATOMICAL PURPOSES

TION is very important. See instructions on back of certificate.

T Y A F E

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84239 9 C84239

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1813 E. Fayette St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lola Levy

(Residence in Baltimore: No. 1813 E. Fayette St St.; 3 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Nov. 6, 1911.
(Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer). X

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Sam Levy

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Razinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Fayette St

15- APR - 6 1915 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April - 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1915, to Apr. 6 1915, that I saw her alive on April 6 1915 and that death occurred, on the date stated above, at 10 45a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Stenosis

(Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..yrs. ..mos. 1 ds.

(Signed) Wm. Hunton Wilson M. D.

Apr 6/15, 191... (Address) 1719 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Road | DATE OF BURIAL, 4/6.., 191.5

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E. Balto

4 30 P. M.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84240 × 114 C84240

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Linn Watkins Road ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgan Treadway

(Residence in Baltimore: No. Glen Morgan W Va St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1860 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, David Treadway

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Louisa Ramsey

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG.

(Informant) A B Curry

(Address) [illegible]

15- Filed APR - 6 1915 ROBERT C. KRAUTER, Bur. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 14 1915, to April 6 1915, that I saw h[illegible] alive on April 6 1915, and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Gall stone in hepatic duct

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation - Secondary Anaemia

(Duration) 0 yrs. 0 mos. 21 ds.

(Signed) Geo. R. Dunn M. D.

Apr. 6, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 24 ds. In the State....yrs....mos. 22 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Glen Morgan W Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Raleigh W Va	Apr. 6, 1915
20-UNDERTAKER	ADDRESS
Albert E Kelly	721 N Bond

Spec.—8-24-14—M. & T.—2000 Blks.

C84241

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C84241

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Ruskin ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James I Chaney

(Residence in Baltimore: No. 2205 Ruskin St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ...Aug....2...., 1877.
(Month) (Day) (Year)

7-AGE, ...37....yrs....8..mos....3..ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....Laborman....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Horace M Chaney

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Eugene L Cadle

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Elizabeth B. Chaney....

(Address)....2205 Ruskin st....

15- Filed APR - 6 1915 ROBERT : KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April....5...., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15th 1915, to April 5th 1915, that I saw him alive on April 5th 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

.....

.....

.....about..... (Duration)....3..yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Bronchial Catarrh

..... (Duration).....yrs.....mos.15...ds.

(Signed).....E. L. Shower.....M. D.

April 6th, 1915. (Address) 1224 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemty	Apr. 7, 1915.
20-UNDERTAKER	**ADDRESS**
Albert E. Fuller	221 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

C84242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 91 C84242

REGISTERED No. C.....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Midgett

(Residence in Baltimore: No. Buxton N C St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, unknown (Month), 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
60 yrs....mos....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Life Saver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed APR -6 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1915, to April 4 1915, that I saw him alive on April 4 1915, and that death occurred, on the date stated above, at 4.55 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency & Degeneration (Duration) 5 ? yrs....mos....ds.

(Signed) S. Bayne-Jones M. D.

April 6, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4½ ds. In the State....yrs....mos. 44 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Buxton, N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem'y	April 8, 1915
20-UNDERTAKER	ADDRESS
Elliott & Fuller	221 N Brady

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84243

CERTIFICATE OF DEATH.

71 C84243

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 W. Hamburg ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Felcher

(Residence in Baltimore: No. 20 W Hamburg St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Wht	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 8 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Wolf Felcher

11-BIRTHPLACE OF FATHER (State or Country), London

12-MAIDEN NAME OF MOTHER Rosa Fright

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wolf Felcher

(Address) 20 W Hamburg St.

15- Filed APR - 6 1915, 191. ROBERT . ERAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) 1 da ds.

CONTRIBUTORY (Secondary) Feeding

(Duration) yrs. mos. ds.

(Signed) E. L. Grant M. D. (Coroner.)

April 7, 1915. (Address) 51 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lehua Herring Run — DATE OF BURIAL, April 6 19 15

20-UNDERTAKER S Levinson Bro — ADDRESS 1107 E Baltimore St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84244

CERTIFICATE OF DEATH.

64 C84244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Belair ave. ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caleb griffin

(Residence in Baltimore: No. 303 Belair ave. St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Feb. (Month) 1 (Day), 1879 (Year)

7-AGE, 36 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Talbott Co. Md.

PARENTS.

10-NAME OF FATHER, Caleb griffin

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Margaret Helsby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. Irvin

(Address) 303 Belair ave.

15- APR - 6 1915 ROBERT . KRAUTER, Filed....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1913, to Apr 5 1915, that I saw him alive on Apr 1st 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (3rd attack)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 3 mos. ds.

(Signed) Wm. McDonald M. D.

Apr 6, 1915 (Address) 1309 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 8, 1915

20-UNDERTAKER H. J. & M. A. Flynn — ADDRESS 1422 Light St

Important: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C84245

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 E Twenty first ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie M Fulton

(Residence in Baltimore: No. 517 E Twenty first St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 31, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. ... mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Hospe

9-BIRTHPLACE, (State or Country), Finland

PARENTS.

10-NAME OF FATHER, Georg Burke

11-BIRTHPLACE OF FATHER (State or Country). Finland

12-MAIDEN NAME OF MOTHER Catherine Paine

13-BIRTHPLACE OF MOTHER (State or Country), Finland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine O'Connor

(Address) 517 E. 21st St. Md.

15 APR - 6 1915. ROBERT J. KRAUSE, Burial Permit Clerk.

Filed ..... 191...

Registrar.

Dr Houpton

Important: See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 5, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 28 1915, to Apr. 5 1915, that I saw her alive on Apr. 4 1915, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) Several Years

CONTRIBUTORY (Secondary) Valvular disease of Heart

(Duration) Indefinite

(Signed) Benj. D. Houpton M. D.

Apr. 6, 1915. (Address) 216 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Apr. 7, 1915.

20-UNDERTAKER N. C. Hudgfield

ADDRESS 217 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84246

CERTIFICATE OF DEATH.

15 C84246

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 814 N Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lauterbach

(Residence in Baltimore: No. 814 N Glover St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May 13th, 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 10 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Austria Hungary

PARENTS.

10-NAME OF FATHER, Joseph Lauhammel

11-BIRTHPLACE OF FATHER (State or Country), Austria Hungary

12-MAIDEN NAME OF MOTHER Theresa Musser

13-BIRTHPLACE OF MOTHER (State or Country), Austria Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph Lauterbach

(Address) 814 N Glover St

15- Filed APR - 6 1915, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Hanging

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Edward J. Russell M. D.
(Coroner.)

April 24th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, April 27th, 1915

UNDERTAKER William Cook

ADDRESS 502 E. Worth Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84247

CERTIFICATE OF DEATH.

66

C84247

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Riverside ave St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Clark

(Residence in Baltimore: No. 1538 Riverside ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH. April (Month) 3 (Day), 1843 (Year)

7-AGE. 71 yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Landscape Gardening
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Isle of Man England

PARENTS.

10-NAME OF FATHER, Thos Clark

11-BIRTHPLACE OF FATHER (State or Country), Isle of Man Eng.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thos. Clark

(Address) 1538 Riverside ave

15- Filed APR - 6 1915 for ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4.5 1915, to 4.5 1915, that I saw h in alive on 4.5 1915, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Paralysis 24 Hrs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen Debility

(Duration) 2 yrs. mos. ds.

(Signed) L. J. Turlington M. D.

4.5., 1915. (Address) 1026 Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, APR. 7 - 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 718 Light St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84218

CERTIFICATE OF DEATH.

58 C84218

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 418 N. Dallas St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Williams

(Residence in Baltimore: No. 418 N. Dallas St St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, widower OR DIVORCED, (Write the word.)
Female	Colored	

6-DATE OF BIRTH, unknown (Month) ..... (Day), 18.66 (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ..... mos. ..... da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. William

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Barnes

(Address) 418 N. Dallas St

15- APR - 6 1915 ROBERT . KRAUTH, Filed ....., 191..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1914, to April 3. 1915, that I saw h[er] alive on April 3 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

..... a .....

Pulmonary T.B. .....

.....

..... (Duration) ..... yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) Diabetes Asthenia

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Solomon C. Rabbitt M. D.

April 6, 1915 (Address) 116 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 7, 1915
20-UNDERTAKER	ADDRESS
Milton Davis	160 S. McElderry St

Important. See instructions on back of certificate.

C84249

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C84249

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1847 Bell Ave ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Miller

(Residence in Baltimore: No. 1847 Bell Ave. St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH Mar. 15, 1897 (Month) (Day) (Year)

7-AGE 18 yrs. — mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Student (Studying for Priesthood)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Charles Miller

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Magdalene Horner

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Miller

(Address) 1847 Bell Ave.

15 Filed APR - 6 1915 191

ROBERT J. KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 5th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10th, 1915, to March 21st, 1915, that I saw him alive on March 21st, 1915, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) ..... (Duration) — yrs. — mos. — ds.

(Signed) Henry Meier M.D.

April 6th, 1915 (Address) 1247 Hanover St. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Cross - Brooklyn

DATE OF BURIAL Apr. 8 1915

20-UNDERTAKER Jos. B. Cook

ADDRESS 1003 W. Baltimore St.

N. B. Every question on this certificate should be answered literally; no exceptions or evasions admissible. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84250 — CERTIFICATE OF DEATH. — x 40 C84250

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Universität Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmond Burke Carr

(Residence in Baltimore: No. Laurel Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb. (Month) ..... 5 (Day), ... 1850 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 2 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal & Grain Broker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nicholas Carr

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Yates

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carr

(Address) Laurel Md.

15- APR - 6 1915 ALBERT . KRAUTER, Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6... (Day), 1915.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1915, to April 6 1915, that I saw h.. alive on April 6 1915, and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ....yrs. 4 ...mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Stomach (cancer)

(Duration) ....yrs. 4 ...mos. ....ds.

(Signed) Ked. Edwards M. D.

April 6., 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 65 yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death? Usual Residence

Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park	April 8., 1915.
20-UNDERTAKER	ADDRESS
J. B. Cook	1032 W. Balto St.

(over)

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84251

CERTIFICATE OF DEATH.

92 C84251

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Mary Seminary ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Peter Paul Chapon

(Residence in Baltimore: No. St. Mary Seminary - N. Paca St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... May ..... (Month), ... (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
..... 57 ..... yrs. 10 ..... mos. ..... ds.	.....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clergyman .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Cours - France

PARENTS.

10-NAME OF FATHER, do not know

11-BIRTHPLACE OF FATHER (State or Country), do not know

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. E. R. Dyer

(Address) St. Mary's Seminary

15- APR - 7 1915, 191 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 191 5, to April 5 191 5, that I saw h... alive on April 4 191 5, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 6, 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Seminary N Paca St	April 7th, 1915.
20-UNDERTAKER	ADDRESS
Henry H. Jenkins & Sons Co	Orchard St.

Spec.—5-19-13—M. & T.—500 Bks.

C84252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84252

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Inft. Asylum ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Avellina Leddy

(Residence in Baltimore: No. 1401 Division St

St.: 82 yrs., ____ mos. ____ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	single

6-DATE OF BIRTH, Unknown ....., 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sister of Charity
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, John Leddy

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth Carr

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Florence

(Address) 1401 Division St. Balto. Md

15-

Filed APR - 7 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar apr 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1915, to apr 5 1915, that I saw h.r alive on apr 4 1915, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplexy)

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 1½ ds.

(Signed) E. F. Howard M. D.

4/6, 191.5. (Address) 838 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 32 yrs. ..... mos. ..... ds. In the State 32 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Apr 7, 1915
20-UNDERTAKER	ADDRESS
M Fahey & Sons	106 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84253

CERTIFICATE OF DEATH.

40 C84253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 William ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. W. Chelton.

(Residence in Baltimore: No. 1215 William St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 9 (Day), 1857 (Year)

7-AGE, 57 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Albert Chelton

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Elva. Adams.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie J. Chelton

(Address) 1215 William St.

15- Filed APR - 7 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to April 5 1915, that I saw h.. alive on April 5 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cancer Pylorus of Stomach

No operation

" Bronchitis Chron. (Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Jas A O'Donnell M. D.

April 6, 1915. (Address) 1627 E Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill. DATE OF BURIAL, 4- 8, 1915.

20-UNDERTAKER E & B Nagle ADDRESS 115 E Mont St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84254

CERTIFICATE OF DEATH.

81 C84254

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Valley ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Mills

(Residence in Baltimore: No. 1022 Valley St.; 72 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, not known (Month) (Day) 1 (Year)

7-AGE, In Yrs. 80* yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Cleaning

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John F. Mills

(Address) 1022 Valley St.

15- APR. 7 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191.., to April 4 1915, that I saw him alive on April 4 1915, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

4 or 5 yrs. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. F. Coreglanon M. D.

April 6, 1915. (Address) 1025 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 9..., 1915.
20-UNDERTAKER	ADDRESS
Henry Koerth & Son	1301 E. Eager St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C84255

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignatius J Bohli (Bohlin)

(Residence in Baltimore: No. 1005 N Aisquith St ST.; 31 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Aug 24, 1883 (Month) (Day) (Year)

7-AGE. 31 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Black smith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Anthony Bohle

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Bohli

(Address) 1005 Aisquith St

15- APR - 7 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25th 1915, to April 5 1915, that I saw him alive on April 5 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration)....yrs....mos....ds.

CONTRIBUTORY. Rheumatism (Secondary)

(Duration)....yrs....mos. 12 ds.

(Signed) John Boyd M. D.

April 6, 1915. (Address) 1643 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	April 8, 1915.
20-UNDERTAKER	**ADDRESS**
Henry Kreck's Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C84256

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C84256

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Eden St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Marino

(Residence in Baltimore: No. 421 S. Eden St. St.; ... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Apr. (Month) 6" (Day), 1915 (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis Marino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Annie Tanano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Marino

(Address) 421 S. Eden St

15- Filed APR - 7 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 6" (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 191 5, to April 6 191 5, that I saw him alive on April 6 191 5, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Malformation.
Hydrocephalus causing rupture
Lung (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Jas. L. Valentine M. D.

April 7, 1915 (Address) 16 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent's — DATE OF BURIAL, Apr. 7"; 191...

20-UNDERTAKER Wendell Lippel & Son — ADDRESS 330 S. Bond St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84257

CERTIFICATE OF DEATH.

105 C84257

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Eastern Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giovanni Porcella

(Residence in Baltimore: No. 821 Eastern Ave St.; 43 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 15 (Day), 1845 (Year)

7-AGE, 70 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, — Porcella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Porcella

(Address) 1011 Eliza St.

15- Filed APR - 7 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 1 191.., to Apl 6 191.., that I saw h~~e~~ alive on Apl 6 191.., and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

.....(a) .....
..... Acute Enteritis (Infantile)
.....
..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Valentine M. D.

Apl 6, 1915. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St. Vincent — DATE OF BURIAL, ..., 191..

20-UNDERTAKER Rudell Lippel & Son — ADDRESS 330 S. Bond

C84258

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH.

C84258

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 N. Stricker st. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilmer O. Seemer,

(Residence in Baltimore: No. 1033 N. Stricker st. St.; yrs., 20 years ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, ... July (Month) 10th (Day), 1863. (Year)

7-AGE, 51 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboats,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, John Seemer,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Victorine Henry,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ethel Anderson,

(Address) 1033 N. Stricker street.

15- FILED APR - 7 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 5th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of head,
(suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Frederick Kempel M. D.
(Coroner.)

April 5, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Apr. 17 1915

20-UNDERTAKER W. J. Hackett & Son ADDRESS North & Pa

important. See instructions on back of certificate.

...property classified. Exact statement of OCCUPATION is very

C84259

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84259

CERTIFICATE OF DEATH.

18 2

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19 N Fremont ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa A Miller

(Residence in Baltimore: No. 19 N Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 15, 1851
(Month) (Day) (Year)

7-AGE, 33 yrs. 8 mos. 20 ds. | If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Koch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Zender

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lena Bullock

(Address) 1035 Schroeder

15- APR - 7 1915 Filed, 191... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
(Homicide)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Gun Shot wounds
(Duration) yrs. mos. ds.

(Signed) J. E. Offutt M. D.
(Coroner.)
Apr 7, 1915... (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wicken Cem	Apr 8, 1915

20-UNDERTAKER Oak Hall

ADDRESS 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C84260

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Steinmetz

(Residence in Baltimore: No. 1646 E Pratt St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 6th, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 1 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W Steinmetz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Weninger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Steinmetz

(Address) 1746 E Pratt St

15-

Filed APR - 7 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to. Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns 3rd degree

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably from a

(Duration) yrs. mos. ds.

(Signed) Elyon L Russell M. D.
(Coroner.)

April 5th, 1915 (Address) 425 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	April 7 1915.
20-UNDERTAKER	ADDRESS
H Sander & Sons	1710 Fleet St

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84261

CERTIFICATE OF DEATH.

170 C84261

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N Patterson Park Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Lavinia Lappe

(Residence in Baltimore: No. 821 N. Patterson Park Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 5, 1851
(Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. — da.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Zinckel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Zinckel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna L Lappe

(Address) 821 N. Patt. Pk Ave

15-

Filed APR - 7 1915 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1912, to April 5 1915, that I saw h[er] alive on April 5 1915, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 3 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) — yrs. — mos. 1/4 da.

(Signed) Emil Novak M. D.

Apr. 6, 1915. (Address) 823 N. Patt Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudan Pk — DATE OF BURIAL, April 8 1915

20-UNDERTAKER Alexander Sanson — ADDRESS 120 Fleet St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84262

CERTIFICATE OF DEATH.

92 C84262

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Castle ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Camphe (Camphor)

(Residence in Baltimore: No. 17 N. Castle St ST.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) ..... (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Camphe

(Address) 17 N. Castle St

15- Filed APR. 7 1915 HARRY O. ANDREWS, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1915, to April 4 1915, that I saw her alive on April 4, 1915, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) .....yrs.....mos. 8.....ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) .....yrs.....mos. 14.....ds.

(Signed) M. Gaston Burson M. D.

April 8, 1915. (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Arbutus Cemetery — DATE OF BURIAL, April 8., 1915.

20-UNDERTAKER Robert A. Elliott — ADDRESS 506. Rogers Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84263

C84263

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 932 N. Eutaw ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Clifford

(Residence in Baltimore: No. 932 N. Eutaw St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 ..... (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Clifford

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Clifford

(Address) 937 N. Eutaw St.

15-APR - 7 1915 Filed ....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1914, to April 5 1915, that I saw him alive on April 5 1915, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

Not Known (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremic Coma

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Arnold Ch. Bouis M. D.

April 6 1915. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, April 7th, 1915

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East

important. See instructions on back of certificate.

C84264 HEALTH DEPARTMENT--CITY OF BALTIMORE C84264

CERTIFICATE OF DEATH

50

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 5 W. Hill ST. 32 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine T. Moylan

(Residence in Baltimore: No. 5 W Hill ST. 24 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH October 28, 1875
(Month) (Day) (Year)

7-AGE 39 yrs. 5 mos. 9 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Patrick Moylan

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Annie Lowry

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Agnes Scanlon (Sister)
(Address) 5 W Hill St

15 APR - 7 1915 HARRY O. ANDREWS,
Filed ... 191 ... Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 6, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1915, to April 6, 1915, that I saw h[er] alive on April 6, 1915, and that death occurred, on the date stated above, at 12.15 m.
The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) yrs. 2 mos. ... ds

Contributory (SECONDARY) Inflamated Parotiditis

(Duration) yrs. 4 mos. ... ds.

(Signed) Otto M. Reinhardt M. D.

April 7, 1915. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL April 9th 1915

20-UNDERTAKER F. A. Krause | ADDRESS 703 Fairmount

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 C84265

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1409 Presstman ST. 15 WARD)

2-FULL NAME Anna Frank Rollins

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1409 Presstman St.; 2 yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec 5th, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 1 ds.
If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo Rollins.

11-BIRTHPLACE OF FATHER (State or Country) Calvert County Md

12-MAIDEN NAME OF MOTHER Lena Goodlow

13-BIRTHPLACE OF MOTHER (State or Country), St Marys County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lena Rollins.
(Address) 1409 Presstman St

15-
Filed APR - 7 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Apr 6 1915, that I saw h[illegible] alive on Apr 5 1915, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) — yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry A. Brown M. D.

Apr 6, 1915. (Address) 1501 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn — DATE OF BURIAL, April 8 1915.

20-UNDERTAKER Howes & Davis — ADDRESS 503 Presstman

C84266 HEALTH DEPARTMENT---CITY OF BALTIMORE 170 C84266

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Druid [illegible] St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Early (Early)

Residence in Baltimore: No. 1627 Druid [illegible] St.; 70 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: (Month) September (Day) 25 (Year) 1845

7-AGE: 70 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Easterton Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister N Pickard

(Address) 1627 Druid [illegible]

15- APR - 7 1915 HARRY O. [illegible]
Filed ..., 191... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1915, to, April 4 1915, that I saw him alive on April 4 1915, and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 2 yrs — mos — ds.

Contributory (SECONDARY) old age

(Duration) — yrs — mos — ds.

(Signed), Edward J. McCaffery M. D.

4/6, 191 5 [Address] 1230 S. Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Laurel Grove

DATE OF BURIAL: Apr 7, 191 5

20-UNDERTAKER: Wm F. Chaney

ADDRESS: 409 Hooker

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cases of [illegible] TION is very important. See instructions on back of certificate.

C84267

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84267

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Fair- ave ST.: 1 WARD)

2-FULL NAME George Zoran. (Zoran)

(Residence in Baltimore: No. 2413 Fair- ave St.; 25 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mar. (Month) (Day), 1886 (Year)

7-AGE: 29 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Copper Smith.
(b) General nature of industry, business, or establishment in which employed (or employer): Shop.

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Wasyzm Zoran.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Dont Know.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Frances Zoran

(Address): 2413 Fair Ave.

15- APR - 7 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1915, to, April 1915, that I saw him alive on April 4th 1915, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs mos. 2 ds.

Contributory (SECONDARY) Hypertrophy & Dilatation Right Ventricle Mitral Insufficiency

Indefinite (Duration) yrs. mos. ds.

(Signed) J. Albert Miller M. D.

4-6- 1915 [Address] 2723 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus. DATE OF BURIAL: APR 8 - 1915

20-UNDERTAKER: M. F. Sadowski. ADDRESS: 706 S. ANN ST.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact spelling of occupa-
TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84268

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Watson

(Residence in Baltimore: No. 132 W Preston St ST.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Leopard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 51 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Watson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Watson

(Address) 132 W Preston St

15 APR - 7 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1— 1915, to April 4— 1915, that I saw him alive on April 4— 1915, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Samuel A. Baer M. D.

April 6—, 1915 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, April 7., 1915

20-UNDERTAKER Charles B. Jones — ADDRESS 504 Rogers Av

Important. See instructions on back of certificate.

C84269

HEALTH DEPARTMENT---CITY OF BALTIMORE

64

C84269

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Vine St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas

(Residence in Baltimore: No. 1031 Vine St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Mar

6-DATE OF BIRTH: Mar 31 (Month) (Day), 1848 (Year)

7-AGE: 67 yrs. — mos. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Beta Thomas

(Address) 1031 Vine

15- Filed APR -7 1915 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 4 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1915, to, April 4, 1915, that I saw h... alive on April 4 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs ... mos. 16 ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ... yrs ... mos. 2 ds.

(Signed) J. T. Motwood M. D.

April 5, 1915. [Address] 939 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 7 1915

20-UNDERTAKER: Alfred Freeland — ADDRESS: Saroden 26 14th

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. See instructions on back of certificate.
TION is very important.

Spec.—8-24-14—M. & T.—2000 Blks.

15th March

C84270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C84270

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Roslyn Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V Englar

(Residence in Baltimore: No. 2705 Roslyn Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Va -

PARENTS.

10-NAME OF FATHER. Benjamin Benson

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Mary Adrian

13-BIRTHPLACE OF MOTHER (State or Country). London -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Ellis

(Address) 2706 Roslyn Ave

15- APR - 7 1915 HARRY O. ANDREWS,
Filed....., 191 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to April 6th 1915, that I saw her alive on April 6th 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coma, Cardiac Asth

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Joseph E. Gichner M. D.

April 6 1915 (Address) 1816 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 8, 1915.
20-UNDERTAKER H. Richards Sons	ADDRESS Penna Ave

important. See instructions on back of certificate.

084271 HEALTH DEPARTMENT—CITY OF BALTIMORE 69 084271

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 530 S. Paca ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Becky V. Angelo

(Residence in Baltimore: No. 530 S. Paca St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 30, 1884
(Month) (Day) (Year)

7-AGE, 30 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Abner Angelo

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Burton

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abner Angelo

(Address) 530 S Paca

15- APR - 7 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Exhaustion & Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) 7 yrs. mos. ds.

(Signed) J. J. Jeffers M. D.
(Coroner.)

Apr 7, 1915. (Address) 443 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cumberland Md	Apr 7, 1915.
20-UNDERTAKER H. J. McSherry & Son	ADDRESS Baltimore Md

Spec.—5-19-13—M. & T.—500 Bks.

C84282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84272

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 949 Bennett Place ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Charles Eronhardt

(Residence in Baltimore: No. 949 Bennett Place St. life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept 14, 1857
(Month) (Day) (Year)

7-AGE. 63 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. John Eronhardt

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER. Mary Keyler

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wilhelmina Margaret Eronhardt
(Address) 949 Bennett Place

15-
Filed APR - 7 1915 HARRY O. ANDREWS Burial Permit Officer
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4th 1915, to April 5th 1915, that I saw him alive on April 5th 1915 and that death occurred, on the date stated above, at 1135 Pm. m.

The CAUSE OF DEATH* was as follows:
Bilateral Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Wm Eronhardt M. D.

April 6th, 1915. (Address) 1704 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, April 8th, 1915.

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 E Monument ave

Albert J. Pridgeon

084273

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 084273

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1807 E Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert T Pridgeon

(Residence in Baltimore: No. 1807 E Madison St.; ..... yrs. 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

6-DATE OF BIRTH: April (Month) 7 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day 3 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Albert T Pridgeon

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Sarah E Fisher

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert T Pridgeon

(Address) 1807 Madison st

15- Filed APR - 7 1915 19.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 7 1915, that I saw h-im alive on April 7, 1915, and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) 1 yrs. 3 mos. ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. X ds.

(Signed) Alex J Sagl M. D.

4/7/15 191.. (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: April 7, 1915

UNDERTAKER: Fickler & Fickler — ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPY DO NOT TAKE FROM THIS BOOK

Spec.—8-24-14—M. & T.—2000 Bks.

Gertrude Hamburg

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84274

CERTIFICATE OF DEATH.

170 C84274

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Gertrude Hamburg

(Residence in Baltimore: No. 2 E Eutaw Md. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1870 (Year)

7-AGE, 44 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shop .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas White

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Grouthouse

(Address) 1723 Edmondson Ave

15- ROBERT . GRAETER,
Filed APR - 7 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1915, to Apr 6 1915, that I saw her alive on Apr 6 1915, and that death occurred, on the date stated above, at 6.00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

.....

..... (Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 3 yrs. ....mos. ....ds.

(Signed) H Ellis Washington M. D.

Apr. 6, 1915 (Address) Union Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Glenburnie Md

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 9, 1915

20-UNDERTAKER Wilbur H Sherwood — ADDRESS 1712 Fulton Ave

important. See instructions on back of certificate.

C84275

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C84275

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3539 Falls Road ST.: 20 WARD)

2-FULL NAME Mary M. G. Marshall

(Residence in Baltimore: No. 3539 Falls Road St.: ..... yrs. ..... mos. ..... ds.)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 10 1905 (Month) (Day) (Year)

7-AGE: 9 yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Armistead Marshall

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ida Wells

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A.S. Marshall

(Address) 3539 Falls Road.

15-APR - 7 1915 Filed ..... 19.. ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1915, to April 6 1915, that I saw h[er] alive on April 6 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis, Pus Sock.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Gastro Enteritis

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Jany E. Hynes M. D.

April 6, 1915 (Address) 36 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: April 9, 1915

20-UNDERTAKER: James B Sapper | ADDRESS: 1210 W. Calloway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84276

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C84276

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Huntingdon Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Elsworth Marshall Davis

(Residence in Baltimore: No. 2934 Huntingdon Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 4 (Day), 1873 (Year)

7-AGE: 42 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co

PARENTS

10-NAME OF FATHER: Geo W. Davis

11-BIRTHPLACE OF FATHER (State or country): Balto Co

12-MAIDEN NAME OF MOTHER: Sarah Gorrell

13-BIRTHPLACE OF MOTHER (State or country): Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Blanch Davis

(Address) 2934 Hgd Ave

15- Filed APR - 7 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1914, to April 6 1915, that I saw him alive on April 6 1915, and that death occurred, on the date stated above, at 9.01 a.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Type Diabetes

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) F. Thurley M. D.

April 7 1915 [Address] 1517 Eutaw Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence ..... Hampden

19- PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Apr 8, 1915

20-UNDERTAKER: A S Marshall — ADDRESS: 3389 Falls Rd

Sec. 242 CAUSE OF DEATH must be given in plain terms. "Cancer," "consumption," and the like are not sufficient. Every certificate is subject to verification, and may be returned for correction. Any physician who refuses or neglects to fill out properly this certificate, or who certifies to the cause of death of any person who has not been attended by him during his last illness, is liable to a fine of $50.00. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Margaret Beierschmidt

C84277

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED No. C.....

CITY OF BALTIMORE (No. ..... St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Christian) Margaret (Surname) Beierschmidt

(Residence in Baltimore: No. 1711 N. Durham St. St.; 60 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 20, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margt Mackler.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father Beierschmidt

(Address) This City

15- Filed APR - 7 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1915, to April 6 1915, that I saw her alive on April 6 1915, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Dilatation

Pneumonia

(Duration) ... yrs. ... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Edward J. Thurston, M. D.

April 6 1915. (Address) 1711 N. Durham St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 48 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1711 N. Durham St

Former or usual residence 1711 N. Durham St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 8..., 191...

20-UNDERTAKER Lilly & Zeile ADDRESS 703 E Monument

Important. See instructions on back of certificate.

Elizabeth Guthruf

C84278

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84278

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N Carrollton Ave 18 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Guthruf

(Residence in Baltimore: No. 219 N Carrollton Ave St.; 79 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem | 4-COLOR OR RACE Wht | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH July 21 (Month) (Day), 1835 (Year)

7-AGE 79 yrs. 8 mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Jahrendt

(Address) 219 N Carrollton

15-

Filed APR - 7 1915 ROBERT . KRAUSE, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 6 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April, 1915, to, April 6 1915, that I saw h alive on April 6 1915, and that death occurred, on the date stated above, at 11 30 P. M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Antecedents

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) V D Norwood M. D.

April, 1915 [Address] 837 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem. | DATE OF BURIAL Apr 8, 1915

20-UNDERTAKER Geo. J Smith | ADDRESS 1000 W. Fayette st

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. Each statement must be complete in itself. Do not use abbreviations or initials. Do not state mode of dying, such as heart failure, asphyxia, or uremia, without assigning the cause which produced it. Do not give occupation unless it is necessary to a correct understanding of the cause of death. Do not report deaths from accident, homicide, or suicide without stating the means of injury. Do not report deaths from childbirth without stating the duration of pregnancy and whether the case was abortive, premature, or at full term. Do not report deaths from cancer without stating the organ affected. Do not report deaths from tuberculosis without stating the organ affected. Do not report deaths from pneumonia without stating whether lobar or bronchial. Do not report deaths from diphtheria without stating whether membranous or laryngeal. Do not report deaths from typhoid fever without stating whether abdominal or intestinal hemorrhage or perforation occurred. Do not report deaths from erysipelas without stating whether facial or of the extremities. Do not report deaths from puerperal fever without stating whether septicemia or peritonitis. Do not report deaths from gangrene without stating whether senile or diabetic. Do not report deaths from cirrhosis without stating whether alcoholic or biliary. Do not report deaths from nephritis without stating whether acute or chronic. Do not report deaths from meningitis without stating whether cerebrospinal or tuberculous. Do not report deaths from paralysis without stating whether cerebral or spinal. Do not report deaths from convulsions without stating whether epileptic or eclamptic. Do not report deaths from abscess without stating whether cerebral or pelvic. Do not report deaths from hernia without stating whether inguinal or femoral. Do not report deaths from intussusception without stating whether intestinal or gastric. Do not report deaths from stricture without stating whether intestinal or urethral. Do not report deaths from fracture without stating whether skull or spinal. Do not report deaths from hemorrhage without stating whether cerebral or pulmonary. Do not report deaths from embolism without stating whether cerebral or pulmonary. Do not report deaths from thrombosis without stating whether cerebral or pulmonary. Do not report deaths from aneurism without stating whether cerebral or pulmonary. Do not report deaths from hemorrhage without stating whether cerebral or pulmonary. Do not report deaths from embolism without stating whether cerebral or pulmonary. Do not report deaths from thrombosis without stating whether cerebral or pulmonary. Do not report deaths from aneurism without stating whether cerebral or pulmonary.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84279

CERTIFICATE OF DEATH.

91 C84279

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Jackson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jacob Kunig

(Residence in Baltimore: No. 1732 Jackson St.; ....yrs., 4 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Mujb

6-DATE OF BIRTH, ...Sept (Month) 20 (Day), 1914 (Year)

7-AGE, ...yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, William Kunig

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Catherine Helfrich

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Kunig

(Address) 1732 Jackson St

15-APR - 7 1915 ROBERT . KRAUTH, Burial Permit Clerk.

Filed.....; 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1915, to Apr 6 1915, that I saw him alive on Apr 6 1915, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Same

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Mulestifer M. D.

4/7, 1915. (Address) 131 S Liger St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 9, 1915

20-UNDERTAKER George J. Smith — ADDRESS 709 W Fayette St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84280 **CERTIFICATE OF DEATH.** 151 C84280

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Harrison

(Residence in Baltimore: No. 1359 Strieker St. St.; — yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Colored	Baby

6-DATE OF BIRTH, April (Month) 6 (Day), 1915. (Year)

7-AGE. ~~Sex~~ 8 hours. ..yrs..mos..ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Robert Harrison

11-BIRTHPLACE OF FATHER (State or Country). ~~Robert Harrison~~ Maryland

12-MAIDEN NAME OF MOTHER Estelle V. Jackson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle V Harrison

(Address) 1359 Strieker St.

15- ROBERT . KRAFTAN

Filed APR 7 1915 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 6 1915, that I saw her alive on April 6 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Insanitation and prematurue birth

(Duration) 7 months gestation yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles E. Clark M. D.

April 7 1915 (Address) 1310 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1359 Strieker St

Former or usual residence 1359 Strieker St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	APR 7 1915

20-UNDERTAKER. Commissioner of Health, For Wm E. WOODALL. ADDRESS

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

C84281

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C84281

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2812 W. Lanvale ST. 16th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian J. Gregorious (Gregorious)

(Residence in Baltimore: No. 2812 W. Lanvale St.; 64 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: February 25, 1851 (Month) (Day) (Year)

7-AGE: 80 yrs. 1 mos. 11 ds. If LESS than 1 day ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christian Gregorious

(Address) 812 Hughes bet Fayette & Baltimore

15. Filed APR - 7 1915 ROBERT J. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 11, 1915, to April 6, 1915, that I saw him alive on April 6, 1915, and that death occurred, on the date stated above, at 6.40 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Pneumonia, Pneumonia

(Duration) ... yrs. ... mos. 53 ds

Contributory (SECONDARY) Exhaustion due to Old Age

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm Grant M. D.

April 6, 1915 (Address) 1925 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 9, 1915

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

N. B.—Every item of information must be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84282

CERTIFICATE OF DEATH.

184 C84282

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Cattman

(Residence in Baltimore: No. 916 Sterling St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1887 (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Daniel Cattman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Swann

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Hannah Cattman

(Address) 916 Sterling St.

15- FILED APR. 7 1915 ROBERT F. BRACKEN, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Criminal abortion

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. ds.

(Signed) Moses N. Savage M. D. (Coroner.)

Apr. 7, 1915 (Address) 172 W Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence. 916 Sterling St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Hors. Cemetery	April 8, 1915
20-UNDERTAKER	ADDRESS
Robt. F. Mott	516 Eutaw St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084283

CERTIFICATE OF DEATH.

64

084283

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Reynolds ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schneider

(Residence in Baltimore: No. 1310 Reynolds St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 4, 1856 (Month) (Day) (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Anton Gath

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Guth

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Brook M.D.

(Address) 1570 Fort Ave.

15- Filed APR - 7 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 7 (Day) —, 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 - 15 — 1915, to 4 - 7 — 1915, that I saw her alive on 4 - 7 — 1915, and that death occurred, on the date stated above, at 2.37 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs.....mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs.....mos.....ds.

(Signed) S. Brook M. D.

4-7-, 1915. (Address) 1570 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, 4/10, 1915

20-UNDERTAKER, William Cook

ADDRESS 502 E. North Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Lindora M. Shortt

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84284 19 C84284

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Barclay St. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lindora May Shortt.

(Residence in Baltimore: No. 2519 Barclay St. St.; ...yrs,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 27 1898
(Month) (Day) (Year)

7-AGE, 18 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alfred E. Shortt.

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lindora J. Shortt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Shortt

(Address) 2514 Barclay St.

15- Filed APR - 7 1915, 191... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3rd 1915, to April 6th 1915, that I saw h.. alive on April 6th 1915, and that death occurred, on the date stated above, at 4.10 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

.....

..... (Duration)...yrs.....mos...1...ds.

CONTRIBUTORY (Secondary) Pintal Pregnigitation

..... (Duration)..4..yrs.....mos.....ds.

(Signed) Geo. A. Dungstroyd. M.D.

April 6th, 1915. (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 8, 1915

UNDERTAKER, C. A. Wiedefeld Jr. — ADDRESS Green St. Md.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84285

CERTIFICATE OF DEATH.

151 (84285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 S. Charles ST.; 23 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Beall

(Residence in Baltimore: No. 1636 S. Charles St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Mar 29, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm E. Beall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elsie Smoot

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Beall

(Address) 1636 S Charles St

15- Filed APR - 7 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1915, to April 7 1915; that I saw h[illegible] alive on April 7 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs....mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs....mos. 2 ds.

(Signed) R. L. Cumpston M. D.

April 7, 1915 (Address) 1646 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	April 8th 1915
20-UNDERTAKER	ADDRESS
F. A. Krause	703 Hanover

Important. See instructions on back of certificate.

C84286

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84286

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 631 Penn alley ST.: 4 WARD) (Trusty)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Trusty

(Residence in Baltimore: No. 631 Penn alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, June (Month) 14 (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edward Trusty

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Viola Hamson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Trusty

(Address) 631 Penn Valley

15-

Filed APR - 8 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Duffy M. D.
(Coroner.)

Apr. 6, 191 5 (Address) 913 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Apr 8, 1915
20-UNDERTAKER R L Parham	ADDRESS 820 Vegas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C84287 HEALTH DEPARTMENT—CITY OF BALTIMORE C84287

154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged Peoples Home REGISTERED No. C.....

CITY OR BALTIMORE: (No. Baltimore and Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolf Matter (Matter)

(Residence in Baltimore: No. Baltimore and Payson St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	widower

6-DATE OF BIRTH, May (Month) 20 (Day), 1832 (Year)

7-AGE, 82 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Muhen Schweiz

PARENTS.

10-NAME OF FATHER, Heinrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore & Payson

15-

Filed APR - 8 1915 [illegible] Burial Permit

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 191 2, to Apr. 7 191 5, that I saw him alive on Apr 5 191 5, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

.....

Exhaustion

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration).....yrs. don't know mos.....ds.

(Signed) F. W. Hobelmann M. D.

Apr. 7, 1915. (Address) 1908 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 30 yrs. mos. ds. In the State 30 yrs. — mos. — ds.

Where was disease contracted if not at place of death? General German Aged Peoples Home

Former or usual residence General German Aged Peoples Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mathias	April 9, 1915
20-UNDERTAKER	ADDRESS
Jno B Cook	1003 W Balto St

Spec—5-19-13—M. & T.—500 Bks.

C84288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84288

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N Peter St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice, E. Robertson

(Residence in Baltimore: No. 732 N Peter St. St.; 9 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) single

6-DATE OF BIRTH, June (Month) 28 (Day), 1878 (Year)

7-AGE, 36 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Garrett Co Md

PARENTS.

10-NAME OF FATHER, John Rollins

11-BIRTHPLACE OF FATHER (State or Country), Iowa

12-MAIDEN NAME OF MOTHER Elizabeth Mick

13-BIRTHPLACE OF MOTHER (State or Country), Garrett Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rollins

(Address) 732 N Peter St

15-
Filed APR - 8 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

10 AM

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to April 7 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

Scarlet fever

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) yrs. mos. 20 ds.

(Signed) E. Morley Hoag M. D.

April 7, 1915. (Address) 729 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemy — DATE OF BURIAL, April 9, 191

20-UNDERTAKER Jos Snowden's Son — ADDRESS 217 S. Gay

OFFICE HOURS:
8 TO 10 A. M.
1 TO 2 P. M.
6 TO 8 P. M.

DR. J. MORLEY HOAG
725 COLUMBIA AVENUE

BALTIMORE, Apr. 7, 1915

This is the case about which I talked to Dr. C. Hampton Jones over phone this P.M. time of burial given as 10 A.M. Friday afs. 9 a.

J. Morley Hoag M.D.

Spec.—5-19-13—M. & T.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84289) 64 (84289)

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 725 W Fayette ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Leary (Leavy)

(Residence in Baltimore: No. 725 W Fayette St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 15 (Day) 1850 (Year)

7-AGE, 64 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of indnstry, business, or establishment in which employed (or employer): for himself

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Leary

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Higgins

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Michael Leary
(Address) 725 W Fayette St

15- Filed APR - 8 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 7 1915, that I saw h alive on April 7 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Myer Abrahamberg M. D.

April 7, 1915. (Address) 1804 Madison ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
St. Peters Cem	April 10 1915
20-UNDERTAKER	ADDRESS
M. Doyle & Son	15 E Lee St

important. See instructions on back of certificate.

C84290

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C84290

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1128 Mosher St.: 16 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Bailey McAllister

(Residence in Baltimore: No. 1128 Mosher St.: 59 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 13, 1853 (Month) (Day) (Year)

7 AGE: 59 yrs. 5 mos. 24 ds. If less than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert a. McAllister

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Alice R. Bailey

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. B. McAllister

(Address) 1802 Wenrich Ave

15 Filed APR - 8 1915, 191 HARRY O. ... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 6, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to, April 6 1915, that I saw h... alive on April 6, 1915, and that death occurred, on the date stated above, at 9.40 P m.
The CAUSE OF DEATH* was as follows:

Apoplexy & Ponical Paralysis
½ hours
(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds.

(Signed), Wm. Grant M. D.
Oct 7, 1915 (Address) 1225 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: April 9th, 1915

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 606 Lafayette Ave

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84291

CERTIFICATE OF DEATH.

REGISTERED No. C 84291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Bolo ST.; 19 WARD)

2-FULL NAME Wm. T. Monaghan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1711 Bolo St.

St.; —yrs.,—mos.—ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day), 1855 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Monaghan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Costello

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Monaghan

(Address) 1711 Bolo St.

APR - 8 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 6 1915, that I saw him alive on April 6 1915, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A. Coe M. D.

4-8, 1915. (Address) 54 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, April 9, 1915

20-UNDERTAKER Mallett Fahey & Sons — ADDRESS 606 Lafayette Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84202

CERTIFICATE OF DEATH.

154 C84202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gilmor Lane & 29th ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stevens Whiteley

Residence in Baltimore: No. Gilmor Lane & 29th St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, April (Month) 18 (Day), 1826 (Year)

7-AGE, 88 yrs. 11 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Dry
(b) General nature of industry, business, or establishment in which employed (or employer): Goods Merchant

9-BIRTHPLACE, (State or Country), Caroline Co. Md.

PARENTS.

10-NAME OF FATHER, William Stevens Whiteley

11-BIRTHPLACE OF FATHER (State or Country), Caroline Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Baynard

13-BIRTHPLACE OF MOTHER (State or Country), Caroline Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Whiteley

(Address) 29th St & Gilmor Lane

15-

Filed APR - 8 1915, 191... HARRY O. BERRY

Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about an 81 years, 191..., that I saw h... alive on Apr 6 1915, and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) Ab't yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) H. G. Prentiss M. D.

191... (Address) 634 Gorsuch Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	4-8, 1915
20-UNDERTAKER H. W. Jenkins & Son Co	ADDRESS Orchard Ave Catonsville

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84203

C84203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Maryland General St. Hospital (WARD) 5

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Horsey

(Residence in Baltimore: No. 405 Lewis St. St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day); 1879 (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Danville Va.

PARENTS.

10-NAME OF FATHER, Rubin Glass

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Danville Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Dossey

(Address) 405 Lewis st.

15- Filed APR - 8 1915 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 1915, to Apr 6 1915, that I saw her alive on Apr. 6 1915, and that death occurred, on the date stated above, at 9 44 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia Parenchymatous Nephritis (Duration) ? yrs. ? mos. 9 ds.

(Signed) Chas. E. Ayres M. D.

Apr. 6 1915 (Address) Mt. Wash. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 405 Lewis St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 8 1915

20-UNDERTAKER Willett Brown. ADDRESS 414 N. Mount st.

C84294 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1720 C84294

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1702 S. Charles St. WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary Susan Mercer (Mercer)

(Residence in Baltimore: No. 1702 S. Charles St. St.; 35 yrs. 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Feb 6, 1880 (Month) (Day) (Year)

7-AGE 35 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work: House Wife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto.

PARENTS

10-NAME OF FATHER Wm D. Brooks.

11-BIRTHPLACE OF FATHER (State or country) Balto.

12-MAIDEN NAME OF MOTHER Marden West

13-BIRTHPLACE OF MOTHER (State or country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Brooks

(Address) 1702 S Charles St

15 APR - 8 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1914 to April 6 1915, that I saw h[er] alive on April 5, 1915, and that death occurred, on the date stated above, at 12:15 m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis

(b)

(c)

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

(Signed) Edward Reinhardt M. D.

April 5, 1915 (Address) 914 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	April 7 1915

20-UNDERTAKER	ADDRESS
W. J. E. Evans & Son	1728 S. Charles St

I. B.—BE SURE that ALL ITEMS are correctly supplied. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84295

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84295

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2042 Keyser ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archie McClain Williams (Williams)

(Residence in Baltimore: No. 2042 Keyser St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	married

6-DATE OF BIRTH October (Month), 7 (Day), 1871 (Year)

7-AGE 44 yrs. 6 mos. 7 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: steel worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Henry Williams

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Sethina Williams

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha A. Williams

(Address) 2042 Keyser St.

15. APR - 8 1915 HARRY O ANDREWS REGISTRAR
Burial Permit issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1915, to April 6 1915, that I saw h[illegible] alive on April 5, 1915, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Bi-lateral Lobar Pneumonia

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H. Austin Belcher, M. D.

April 6, 1915 (Address) 2250 E. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Leakey Cemetery. April 11 | DATE OF BURIAL: 1915

20-UNDERTAKER: Milton Davis | ADDRESS: 1608 McElderry St

1. Fill this blank with ink. 2. Every question must be answered. 3. Write plainly. 4. Give full name of deceased. 5. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-13—M. & T.—2000 Bks.

822 N Wood ✓
W Schroeder

C84296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

C84296

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Stricker St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen A. Mayo

(Residence in Baltimore: No. 809 N. Stricker St. St. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 1 (Month) (Day) (Year)

7-AGE abt. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Mayo.

11-BIRTHPLACE OF FATHER (State or Coumry), Md.

12-MAIDEN NAME OF MOTHER Ann Ensoal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louis V Haught

(Address) 809 N. Stricker St

15-

APR - 8 1915

Filed....., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6 (Month) (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10th 1915, to April 6 1915, that I saw h[illegible] alive on April 4th 1915, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism (Chronic)

(Duration) 0 yrs. mos. ds.

(Signed) J. H. Simonton M. D.

April 6, 1915. (Address) 822 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery | DATE OF BURIAL, April 9, 1915

20-UNDERTAKER Wm Cook | ADDRESS 502 E. Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84297 C84297

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N Calhoun St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Moran

(Residence in Baltimore: No. 709 N Calhoun St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 5 (Day), 1847 (Year)

7-AGE, 67 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Luthiemm

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Dubbert

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas H. Marshall

(Address) 709 N Calhoun

15-

Filed APR. 8 1915 HARRY O. ANDREWS, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1850 191..., that I saw h.. alive on April 6 th 1915, and that death occurred, on the date stated above, at 1.09 m.

The CAUSE OF DEATH* was as follows:

Death was due to
Cerebral Hemorrhage 1 hour
Duration of Hemiplegia 1
Senile (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Percy L Davis M. D.

....., 191... (Address) 827 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Apl 9, 191...

20-UNDERTAKER Wm Cook — ADDRESS 802 E. Lexington

important. See instructions on back of certificate.

Spec.—5-13-13—M. & T.—500 Bks.

C84298 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 C84298

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 E. 34th St. (ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schmidt

(Residence in Baltimore: No. 626 E. 34th St.; 60 yrs. — mos. — ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: November 19, 1836 (Month) (Day) (Year)

7-AGE: 78 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Roth

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: not Known

13-BIRTHPLACE OF MOTHER (State or Country): not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Kastings

(Address) 626 E 34th St

15- Filed APR - 8 1915 101 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 6. (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1915, to Apr 6 1915, that I saw her alive on Apr 5 1915, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Coma - Uraemic.
Arteriosclerosis.

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

(Signed) H. L. Whittle M. D.

Apr 7 1915. (Address) 1 E. Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: April 9, 1915

20-UNDERTAKER: Chas. G. Black ADDRESS 120 W. Hulbert St

Dr whittle 5 E. Mt Royal

C84299 HEALTH DEPARTMENT--CITY OF BALTIMORE C84299

CERTIFICATE OF DEATH

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2804 Roslyn ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mortimer Jewett

(Residence in Baltimore: No. 2804 Roslyn Ave St. 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 8 (Month) (Day), 1842 (Year)

7-AGE: 73-3m yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE (State or country): Conn

PARENTS

10-NAME OF FATHER: George R Jewett

11-BIRTHPLACE OF FATHER (State or country): Conn

12-MAIDEN NAME OF MOTHER: Sarah Rockard

13-BIRTHPLACE OF MOTHER (State or country): Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr R.S Jewett

(Address) Mt. Vernon N.Y.

15- Filed APR - 8 1915, 191.... HARRY O. ARNOLD, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11 —, 1914, to. 4 — 7 1915.

that I saw h— alive on 4 — 6, 1915.

and that death occurred, on the date stated above, at 9 a— m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis
Nephritis

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Acute Cardiac dilatation

(Duration) yrs. mos. ds.

(Signed) Arthur A. Barrett M. D.

4-7, 1915 (Address) 1631 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wilmington Conn. DATE OF BURIAL: 4/10, 1915

20-UNDERTAKER: McLean - Jones ADDRESS: 833 Linden Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84300 HEALTH DEPARTMENT---CITY OF BALTIMORE 91 C84300

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 412 N. Eden ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelina Rapisardo

(Residence in Baltimore: No. 412 N Eden St.; ...yrs. ...mos. ...ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar 24, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. mos. 12 ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Frank Rapisardo

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Micenza Sabino

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Rapisardo

(Address) 412 N Eden St

15- Filed APR - 8 1915 191... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 4 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1915, to, Apr 7, 1915, that I saw h[er] alive on Apr 7 1915, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ...yrs. ...mos. 7 ds.

Contributory (SECONDARY) Meningitis

(Duration) ...yrs. ...mos. 2 ds.

(Signed) Jno. L. Quatrata M. D.

Apr 8, 1915 [Address] 1038 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincents Cem — DATE OF BURIAL: April 8 1915

20-UNDERTAKER: Lilly & Zirkin — ADDRESS: 403 S Broadway

C84301

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84301

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 134 Mass ct ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Holmes (Holmes)

(Residence in Baltimore: No. 134 Mass ct St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	colored	single

6-DATE OF BIRTH: March (Month) 15 (Day), 1892 (Year)

7-AGE: 23 yrs. ... mos. 23 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md (Balto City)

PARENTS

10-NAME OF FATHER: Jefferson Holmes

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Boyce

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Wilson

(Address) 134 Mass ct

15. Filed APR - 8 1915, 191 HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1915, to April 8 1915, that I saw h.. alive on April 7, 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Complications)

(Duration) ... yrs. ... mos. ✓ ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ✓ ds.

(Signed) Wm H Wilson M. D.

April 8, 1915 (Address) 1 E Saratoga st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn ct	April 10 1915

20-UNDERTAKER	ADDRESS
L. B. Brown & Son	108 W Monroe

NOTICE.—Answers to questions must be entirely supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84302

HEALTH DEPARTMENT—CITY OF BALTIMORE

1230

CERTIFICATE OF DEATH.

C84302

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Apts ST.) 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Lapscott Hull

(Residence in Baltimore: No. Mt Royal Ave & Charles St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1, 1?
(Month) (Day) (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Hull

11-BIRTHPLACE OF FATHER (State or Country), Duchess Co. N.Y.

12-MAIDEN NAME OF MOTHER Susan Rebecca Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John B. F. Hull

(Address) Washington Apts.

15-
APR - 8 1915
Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 31 1915, to April 7 1915, that I saw h[illegible] alive on April 7 1915, and that death occurred, on the date stated above, at 5-30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) A. F. Robinson M. D.

Apr. 8, 1915. (Address) 141 E. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, April 8, 1915.

20-UNDERTAKER J. Wesley Coulbourn Co

ADDRESS [illegible] Eutaw & Orchard Sts

Important. See instructions on back of certificate.

C84303

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84303

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1722 Clarkson St.: 23 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos E Naumann

(Residence in Baltimore: No. 1722 Clarkson St.: abt 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. 6th (Month) (Day), 1838 (Year)

7-AGE: 76 yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Brewer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jos. Naumann

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Gund

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Jos. Winkel

(Address) 1722 Clarkson St.

15. Filed APR - 8 1915, 19.. ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apl. (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl. 6, 1915, to Apl. 6 1915.
that I saw h.. alive on Apl. 6, 1915.
and that death occurred, on the date stated above, at 2 30 p. m.
The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. One ds

Contributory (SECONDARY) Cirrhosis Kidneys

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. C. Trilinger M.D. M. D.

Apr. 8, 1915 (Address) 687 Columbus Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Apr 9, 1915.

20-UNDERTAKER: Jas Duguan Son — ADDRESS: 1100 S. Broadway

IS very important. See instructions on back of certificate. Should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION

Spec.—8-24-14—M. & T.—2000 Bks.

Boyce
Monument - Laurel

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84304

CERTIFICATE OF DEATH.

C84304

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 N. Rose ST.; 6 WARD) REGISTERED No. C 90

2-FULL NAME Christian E. Daubert

(Residence in Baltimore: No. 117 N. Rose St.; 48 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 2, 1832 (Month) (Day) (Year)

7-AGE, 82 yrs. 8 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Daubert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Hain

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Daubert

(Address) 117 N. Rose

15- Filed APR - 8 1915 191 ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 191 5, to April 6 191 5, that I saw h er alive on April 6 191 5, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial

(Duration) yrs. 1 mos. 5 ds.

(Signed) Louis Vogt M. D.

April 7 1915. (Address) 2601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, 4/9, 1915

20-UNDERTAKER William Cook — ADDRESS 507 E. North Ave.

Important. See instructions on back of certificate.

C84305

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84305

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Frances H. Cannon

(Residence in ~~Baltimore:~~ No. Cambridge, Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 4th (Day), 1911 (Year)

7-AGE, 3 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Somerset Co, Md

PARENTS.

10-NAME OF FATHER, Harvey Cannon

11-BIRTHPLACE OF FATHER (State or Country) Dorchester Co, Md.

12-MAIDEN NAME OF MOTHER Lula C. Horner

13-BIRTHPLACE OF MOTHER (State or Country) Somerset Co, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvey Cannon

(Address) Cambridge, Md.

15- Filed APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull and compression of brain caused by accidental blow on the head by the crank of a fly wheel of gasoline engine on launch boat, (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Albert L. Sevare M. D. (Coroner.)

April 8th, 1915. (Address) 129 Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cambridge Md

Former or usual residence Cambridge, Md

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md. DATE OF BURIAL, APR - 8 1915

20-UNDERTAKER Jas. B. Cooke ADDRESS 103 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84306 C84306

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Greenmount Ave 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Berger

(Residence in Baltimore: No. 918 Greenmount Ave St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, November 12, 1842
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Maurice Berger

11-BIRTHPLACE OF FATHER (State or Country), Gamany

12-MAIDEN NAME OF MOTHER, Anastatia Sutter

13-BIRTHPLACE OF MOTHER (State or Country), Gamany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 918 Greenmount Ave

15- Filed APR - 8 1915 191 BONNET, KRAUTER, Burial Permit Clerk, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1915, to April 7 1915, that I saw h[im] alive on April 7 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. P. Lamb M. D.

Apl 8, 1915 (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross	April 10, 1915

20-UNDERTAKER	ADDRESS
H. C. Wiedefeld	914 Greenmount Av

S·A·F·E·TY

C84307 HEALTH DEPARTMENT—CITY OF BALTIMORE C84307

CERTIFICATE OF DEATH.

19

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2605 Greenmount ST.; 9 WARD)
REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME. Bettie Lynch (Lynch)
(Residence in Baltimore: No. 2605 Greenmount St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 9, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, Robert Claxville
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Lynch
(Address) 2605 Greenmount

15- APR - 8 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah A. Russell M. D.
(Coroner.)
April 8th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Salisbury Md — DATE OF BURIAL, April 10 1915

20-UNDERTAKER Wm Cook — ADDRESS 512 E. 11 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84308

CERTIFICATE OF DEATH.

150 C84308

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2418 Belmont Ave St.; 9 WARD)

2-FULL NAME Infant son of Leonard & Annie Lee

(Residence in Baltimore: No. 2418 Belmont Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, April 5, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 4 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leonard Lee

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Jefferson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Lee

(Address) 2418 Belmont Ave

15- Filed APR - 8 1915, 191.., ROBERT J. KNAPP, Registrar. JOHNS HOPKINS Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Closure Foramen Ovale

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Harry C. Pilgrim M. D.

April 7, 1915. (Coroner) (Address) 3640 Rolandpk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, APR. 8 - 1915

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Agnes Gratton

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84309

CERTIFICATE OF DEATH.

gV C84309

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S. Robinson ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Grattan

(Residence in Baltimore: No. 114 S. Robinson St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

3-DATE OF BIRTH, ... (Month) June 26 (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Michael Mahon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary O'Hara

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Gratton

(Address) 114 S. Robinson St.

15- Filed APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~March~~ Apr 6 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 6 1915, that I saw h.. alive on March 6 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) ..... M. D.

4/7, 1915. (Address) 2711 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cemetery	Apr. 9, 1915.
20-UNDERTAKER John A Moran	ADDRESS Banks Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84310)

CERTIFICATE OF DEATH.

19 (84310)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Newton E. Thomas

(Residence in Baltimore: No. 812 E. Pratt st. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 21st 1871
(Month) (Day) (Year)

7-AGE, 43 yrs. 4 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jno F. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Pa & Md

12-MAIDEN NAME OF MOTHER Louisa E. Petrro

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno F. Thomas

(Address) Belair Road

15- Filed APR - 8 1915 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 6 1915, that I saw him alive on April 6 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Coma (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 4h ds.

(Signed) H. H. Warren M. D.

April 7, 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 hrs. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 812 E. Pratt st.

Former or usual residence 812 E. Pratt st.

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, April 8, 1915.

20-UNDERTAKER G. F. Wacker

ADDRESS 723 W. Lafayette

important. See instructions on back of certificate.

C84311

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84311

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2903 W. North Ave. St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Frances Lindell

(Residence in Baltimore: No. 2903 W. North Ave St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: 4 (Month) 15 (Day), 1848 (Year)

7 AGE: 66 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Limpert

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorthea Young

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora B. Lindell

(Address) 2103 W. North Ave

15 APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1915, to. Apr 8 1915.

that I saw her alive on April 5, 1915.

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis (Chronic)

Several years

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Pole M. D.

April, 1915 (Address) 2038 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 10 1915

20 UNDERTAKER: Bertram Pole — ADDRESS: 1723 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84312

64 C84312

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Cross St & Leadenhall ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Berberich

(Residence in Baltimore: No. 1136 S Charles St

S60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH,

April (Month) 28 (Day), 1846 (Year)

7-AGE, 68 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

Germany

PARENTS.

10-NAME OF FATHER, Joseph Berberich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Berberich

(Address) 1136 S Charles St

15- Filed APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) Sudden mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Davis Gwynn M. D. (Coroner)

April 8, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross C & C.	April 9, 1915
20-UNDERTAKER E & B Hasle	ADDRESS 115 E West St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84313

10# C84313

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 839 Rutland ave St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John A Gray

(Residence in Baltimore: No. 839 Rutland ave St., yrs. mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: March 24, 1910 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: John A Gray

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Emma A[illegible]

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A Gray

(Address) 839 Rutland Ave

15 Filed APR - 8 1915 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1915 to April 7 1915

that I saw h-m alive on April 4, 1915

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Premature delivery

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) E. L. Peterson M. D.

April 8, 1915 (Address) York Road & Belvidere

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: April 8, 1915

20 UNDERTAKER: John Henrich & Co — ADDRESS: 2008 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84314

CERTIFICATE OF DEATH.

108 C84314

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Cor. Madison & Eden Sts. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar L. Kuebler

(Residence in Baltimore: No. 1311 Sargent St St.; 13 yrs., 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 31 (Day) 1901 (Year)

7-AGE, 13 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick H Kuebler

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa

12-MAIDEN NAME OF MOTHER Augusta Kroger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H Kuebler

(Address) 1311 Sargeant St

15- Filed APR - 8 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 7 1915, that I saw him alive on April 7 1915, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

(a) Streptococcus Septicaemia Appendicitis

1 (b) Acute Fulminating Peritonitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) (c) Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 day

(Signed) J. Earle Lloyd M. D.

April 7 1915. (Address) Md. Gen. Hospital Cor. Madison & Eden Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 hrs. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	April 11., 1915.
20-UNDERTAKER Jos Block	ADDRESS 1003 W Balto St

CAUSE OF DEATH must be plainly written, and all questions answered so far as possible. Omissions will delay burial permit. Every question important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84315 C84315

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Strobert

(Residence in Baltimore: No. 1234 N. Broadway

(Or, if non-resident, give STATE OR COUNTRY.) 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1884 (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Washington DC

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. C. Strobert

(Address) 1234 N. Broadway

15. Filed APR - 9 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 1915, to April 7 1915, that I saw her alive on April 7th 1915, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of heart,

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. B. Schwatka M. D.

April 7, 1915. (Address) 8xx W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 9, 1915

20-UNDERTAKER Robt J Turner ADDRESS 1147 N Broadway

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84316 C84316

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Bloom ST.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Jane Johnson

(Residence in Baltimore: No. 521 Bloom St St.; 77 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md,

PARENTS.

10-NAME OF FATHER, Richard Chase

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Brace

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. B. Chase

(Address) 521 Bloom St.

15 APR - 9 1915 HARRY O ANDERS.,
Filed....., 191... Burial Permit Clerk.
Registrar.

CAUSE OF DEATH must be plainly stated. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1914, to April 7 1915, that I saw h[illegible] alive on April 6 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis, (Hemiplegia Right)

following Cerebral Apoplexy oct. 18/1914

(Duration) yrs. 5 mos. 18 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (Duration) — yrs. 2 mos. 7 ds.

(Signed) Pearce Kintzing M. D.

April 8, 1915. (Address) 132 W. Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, April 9, 1915.

20-UNDERTAKER Samuel J. Hemsley

ADDRESS 578 W. Biddle St

Spec.—5-19-13—M. & T.—500 Bks.

C84317 HEALTH DEPARTMENT—CITY OF BALTIMORE 103 C84317

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 W Chase ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Fennick

(Residence in Baltimore: No. 216 W Chase St.; X yrs., 4 mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 35 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). St Mary's Co Md.

PARENTS.

10-NAME OF FATHER, Robert Summerville.

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co Md

12-MAIDEN NAME OF MOTHER Caroline Guidor

13-BIRTHPLACE OF MOTHER (State or Country), St Mary's Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E H Summerville

(Address) 1106 Winterstein Court

15- Filed APR - 9 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CAUSE OF DEATH must be plainly stated. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 8 1915, that I saw h[er] alive on April 7th 1915, and that death occurred, on the date stated above, at 10 a, m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac weakness

(Duration) yrs. 3 mos. ds.

(Signed) D. Grant Gelt M. D.

April 8, 1915. (Address) 354 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Spencers Warf St Marys Co Md | DATE OF BURIAL, April 10th 1915.

20-UNDERTAKER Felix B. Pye | ADDRESS 102 E Mulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

C84318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 10 C84318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 72 Brick Hill ST.; 13th WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J Carey

(Residence in Baltimore: No. 72 Brick Hill St.; 20 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Feb 25, 1895 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 1 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto City Maryland

PARENTS.

10-NAME OF FATHER, Wm Carey

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Lizzie M. Watts

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Carey

(Address) 72 Brick Hill

15- APR - 9 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY. That I attended deceased from March 30 1915, to April 8 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 6 9. m. The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. mos. 15 ds.

(Signed) C F J Coughlin M. D.

4-8, 1915. (Address) 3201 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oella Cemetery — DATE OF BURIAL, April 11, 1915

20-UNDERTAKER Balto Co Md Clemmer the Son. — ADDRESS 361 Chestnut ave

CAUSE OF DEATH must be plainly written, and all items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84318

CERTIFICATE OF DEATH.

× 64 C84319

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella F. Fletcher

(Residence in Baltimore: No. White Hall, Md. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Shamberger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Christy Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St.

15- Filed APR - 9 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1915, to Apr. 8 1915, that I saw her alive on Apr. 8 1915, and that death occurred, on the date stated above, at 8.55 a.m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage
with Diffused Arteriosclerosis
about (Duration).....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) .....
(Duration).....yrs.....mos.....ds.

(Signed) Edward J. Smith M. D.

Apr. 8, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? White Hall Md

Former or usual residence White Hall Md

19-PLACE OF BURIAL OR REMOVAL, White Hall Md — DATE OF BURIAL, Apr. 11, 1915

20-UNDERTAKER R. M. Kirkwood — ADDRESS White Hall Md

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84320 40 C84320

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 W Lombard ST.; 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Schmidt

(Residence in Baltimore: No. 911 W Lombard St.; 69 yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Sept (Day) 29, (Year) 1845

7-AGE, 69 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rice

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie May

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F Schmidt

(Address) 911 W Lombard St

15- Filed APR - 9 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) April (Day) 7, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1915, to April 7 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Epithelial carcinoma

Operation + Hemorrhage (?)

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) John C Bovard M. D.

April 8, 1915. (Address) 1302 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery — DATE OF BURIAL, April 10, 1915

20-UNDERTAKER John J Cowan & Son — ADDRESS 901 Hollins St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84321 92 C84321

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Franklin ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Mackin

(Residence in Baltimore: No. 818 Franklin St.; 84 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 84 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Michael J. Mackin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary A. Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J. Mackin

(Address) 818 Franklin St.

15- APR - 9 1915 Filed ....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 8 1915, that I saw h— alive on April 7 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

Exhaustion

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hypostasis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. E. Ahearn M. D.

April 9, 1915. (Address) 1042 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 10, 1915
20-UNDERTAKER John J. Cowan	ADDRESS 961 Hollins St.

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84322 64 C84322

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Casino Patterson Park ST.; 1st WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Noon Foley

(Residence in Baltimore: No. Casino, Patterson Park St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Feb. ..... (Month) ..... (Day) 1836 (Year)

7-AGE, 79 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Noon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hanna Noon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Foley

(Address) Patterson Park

15- Filed APR - 9 1915 HARRY O. ANDREWS, 191.. Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 2, 1915, to Apr 7 1915, that I saw h[illegible] alive on Apr 6, 1915, and that death occurred, on the date stated above, at 2 2 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorage

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) C B Whitty M. D.

Apr 8, 1915. (Address) 1711 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Apr 10, 1915
20-UNDERTAKER	ADDRESS
John A. Moran	Bank[illegible]

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C84323

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E Fairmount Ave WARD) 6

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorraine Koltzman

(Residence in Baltimore: No. 1715 E Fairmount Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Wid

6-DATE OF BIRTH, June 30 (Month) (Day), 1858 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 9 mos. 8 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Wahl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hanna Flamm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Wahl

(Address) 1711 E Fairmount

15- APR - 9 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1914, to Apr. 7 1915; that I saw h.. alive on Apr 6 1915; and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 4 mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E R Hilton M. D.

Apr 9, 1915. (Address) 1711 E Fairmount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	April 10, 1915.
20-UNDERTAKER	ADDRESS
J. Vander & Sons	1710 Pratt St.

Spec.—5-19-13—M. & T.—500 Bks.

C84324 HEALTH DEPARTMENT—CITY OF BALTIMORE

103 C84324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 816 N Madeira St.; 7 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katerina Vondracek
(Residence in Baltimore: No. Since last 30 years St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 2, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) No Employment

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.
10-NAME OF FATHER, Paval Vondracek
11-BIRTHPLACE OF FATHER (State or Country), Bohemia
12-MAIDEN NAME OF MOTHER don't Know
13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Klema
(Address) 816 N Madeira st

15- APR - 9 1915 HARRY O. ARLEDGE,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 am 1915, to To April 7 Pm 1915, that I saw h-r alive on April 7 1915, and that death occurred, on the date stated above, at 1045P m.

The CAUSE OF DEATH* was as follows:
Acute gastritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senility & old age

(Duration) yrs. mos. ds.

(Signed) Thos. J. Kenny M. D.
April 8th, 1915. (Address) 1125 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery | DATE OF BURIAL, April 10, 1915

20-UNDERTAKER Frank Crack & Son | ADDRESS, 1904 Eastern Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84325

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84325

CERTIFICATE OF DEATH.

× 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Brown

(Residence in Baltimore: No. Falls Rd, Mt Washington Md St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan 30, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robt Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recd of Mercy Hosp

(Address) Calvert St

15- Filed APR - 9 1915, 191.. HARRY O. ANDREWS, Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1915, to Apr. 8 1915, that I saw h[illegible] alive on Apr. 8 1915, and that death occurred, on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

about (Duration).....yrs.....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Apr. 8, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? Mt Washington Md.

Former or usual residence Mt Washington Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Falls Rd Mt Washington — DATE OF BURIAL, April 9, 1915.

20-UNDERTAKER J. H. Brown & Sons — ADDRESS 1 & W. Fayette St

Buried Place Babe Mt Washington

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84326

C84326

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1 St. Elizabeth Home St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Jacobs

(Residence in Baltimore: No. St. Paul St.; 1 yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	single

6-DATE OF BIRTH ..... (Month) Dec. 25 (Day) 1913 (Year)

7-AGE 1 yrs. 3 mos. 14 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) ?

PARENTS

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (State or country)

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

APR - 9 1915 Filed ..... 191 — HARRY O. ANDERSON Burial Permit Clerk. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... (Month) Apr. 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1915, to, Apr 8 1915, that I saw h.m alive on Apr 7 1915, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Decomposition
Chronic lupus malnutrition

(Duration) ..... yrs 2 mos ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), C.D. Gundrum Friedenwald M. D.

Apr 8 1915 [Address] 1600 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs 1 mos 6 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Before admission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL 191

20-UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

FOR ANATOMICAL PURPOSES

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84327 151 C84327

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 56 W Biddle ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant child Albert H.G. Poulton (Parents)

(Residence in Baltimore: No. 50 W Biddle St ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Single

6-DATE OF BIRTH, April 7, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 18 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Poulton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Hannah E. Innis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Poulton

(Address) 50 W Biddle St

15- APR - 9 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 8 1915, that I saw h-- alive on April 8th 1915, and that death occurred, on the date stated above, at 1304 m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Influenza

(Duration) .....yrs. 10 minutes mos. .....ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) .....yrs. 10 minutes mos. .....ds.

(Signed) Geo. L. Dobbins M. D.

April 8, 1915. (Address) 56 W Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR ~~REMOVAL~~,	DATE OF BURIAL,
St John Cemetery Ellicott City	April 9, 1915
20-UNDERTAKER H. W. Jenkins Sons Co	ADDRESS Orchard & McCulloh

St Johns Cemetery Ellicott City Md

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84328

CERTIFICATE OF DEATH.

X 136 C84328

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Tolson

(Residence in Baltimore: No. Colgate, Md. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 15, 1890
(Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A. Freburg

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Emma L. Borteman

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse D. Mercy Hosp.

(Address) Calvert & 22

15- Filed APR - 9 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 2 1915, to Apr. 8 1915, that I saw h[illegible] alive on Apr 8 1915, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Paralysis following Gall Bladder Operation

(Duration) one yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward D. Smith M. D.

Apr. 8, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Colgate Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr. 10, 1915
20-UNDERTAKER	ADDRESS
W. H. Lee & Sons	Pimlico

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C84329

1-PLACE OF DEATH—CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. M. Pirie

(Residence in Baltimore: No. 622 Columbia ave St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tobacconist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo Pirie

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Jane Angus

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Pirie

(Address) 622 Columbia Ave

15-

Filed APR - 9 1915, 191.... HARRY O. ANDREAE Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1915, to April 8 1915, that I saw him alive on April 8 1915 and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Chronic Cystitis

Hypertrophied Prostate

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. H. Routzahn M. D.

April 8 1915. (Address) 2nd Gwynn Oak

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State 65 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? — —

Former or usual residence 622 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 11, 1915

20-UNDERTAKER H. J. Eichelberger

ADDRESS Pimlico Md

C84330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C84330

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 157 W Henrietta St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiram Carter

(Residence in Baltimore: No. 157 W Henrietta St St.: 2 yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 5 (Day), 1913 (Year)

7-AGE, 2 yrs. — mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto . Md

PARENTS.

10-NAME OF FATHER, Hiram Carter

11-BIRTHPLACE OF FATHER (State or Country), Balto . Md

12-MAIDEN NAME OF MOTHER Martha Boyd

13-BIRTHPLACE OF MOTHER (State or Country), Balto , Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Carter

(Address) 157 W Henrietta St

15- Filed APR - 9 1915, 19 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw Brumgardt (Coroner) M. D.

April 8 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 10 1915
20-UNDERTAKER	**ADDRESS**
L K Brownlow & Son	108 W Monty

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very necessary. Cause of death must be properly classified. Every certificate must be filled out in full, as far as practicable.

Spec.—8-24-14—M. & T.—2000 Bks.

C84331

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84331

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 E North ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis A Chandler

(Residence in Baltimore: No. 1317 E North ave St.: 25 yrs., 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word)
Female	White	Single

6-DATE OF BIRTH, January 11, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supervisor of
(b) General nature of industry, business, or establishment in which employed (or employer)..... Telephone Co

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Chandler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Helger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Adele Chandler

(Address) 1317 E North ave

15- APR - 9 1915 HARRY O AVERS, Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to April 7, 1915, that I saw her alive on April 7, 1915, and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration).....yrs.....mos....6.ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs.....mos.....ds.

(Signed) J. Lee Mogues M. D.

April 8, 1915 (Address) 1206 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 10, 1915.
20-UNDERTAKER	ADDRESS
Henry Kuck & Son	1301 E Eager

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84332

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84332

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 E Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Russell

(Residence in Baltimore: No. 2406 E. Federal St.; 15 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 19 (Month) (Day), 1837 (Year)

7-AGE, 77 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamboat
(b) General nature of industry, business, or establishment in which employed (or employer): Captain

9-BIRTHPLACE, (State or Country), Chestertown, Kent Co Md

PARENTS.

10-NAME OF FATHER, John Russell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Greenwood

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alinda E. Russell

(Address) 2406 E Federal St

15- APR - 9 1915 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to April 7th 1915, that I saw h[im] alive on April 7th 1915, and that death occurred, on the date stated above, at 11-9 m.

The CAUSE OF DEATH* was as follows:

Enteritis Colonitis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ? yrs. ? mos. 2 ds.

(Signed) C. H. Edwards M. D.

April 8th, 1915. (Address) 1419 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 10, 1915
20-UNDERTAKER	ADDRESS
Henry Hoeck & Son	130 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84333 C84333

102

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Anthony ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian M. Olert

(Residence in Baltimore: No. 1408 Anthony St.; 56 yrs., 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1857 (Year)

7-AGE, 56 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Furniture
(b) General nature of industry, business, or establishment in which employed (or employer): Packer

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Olert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Luning unda Hagan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Olert.

(Address) 1408 Anthony St

15- APR - 9 1915 HARRY O. ANDREWS,

Filed....., 191....Burial Permit Olert Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4, 1915, to April 9, 1915, that I saw h m alive on April 8, 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Hemorrhage from Ulcer

(Duration) yrs. mos. 1 ds.

(Signed) Edward C. Lehmann M. D.

April 9, 1915 (Address) 1419 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, April 12, 1915

20-UNDERTAKER Henry Horck Son

ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

C84334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C84334

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1909 W. Balto. ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Weber

(Residence in Baltimore: No. 1909 W. Balto. St.; yrs., — mon. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Sept. (Month) 13th (Day), 1840 (Year)

7-AGE: 74 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Fred. Lieberknecht

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Carolina Steiter

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johannah Weber

(Address) 1909 W. Balto St.

15- Filed APR - 9 1915, 191 HENRY O. ANDREAS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Arterio-Sclerosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Hemperly M. D. (Coroner.)

April 8th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Luth. Cemtry

DATE OF BURIAL, Apr. 10, 19 15

20-UNDERTAKER Wm A Rohde Son

ADDRESS 730 Pac Ave

CAUSE OF DEATH to be filled in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84335

CERTIFICATE OF DEATH.

43 C84335

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Dulany ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ann Johnson

(Residence in Baltimore: No. 2634 Dulany St

St.: 2 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 22, 1873
(Month) (Day) (Year)

7-AGE, 37 yrs. 2 mos. 18 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cohoes Albany Co. N York

PARENTS.

10-NAME OF FATHER, Thomas Litchfield

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Martha Ann Judkins

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Henry Johnson

(Address) 2634 Dulany st

15- APR 10 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed ..... By .....
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1915, to Apr 9th 1915, that I saw h[illegible] alive on Apr 9th 1915, and that death occurred, on the date stated above, at 3 a- m.

The CAUSE OF DEATH* was as follows:

General Malignancy

Primary Carcinoma of the Mammary gland

(Duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard Fenger M. D.

Apr 9th 1916. (Address) 746 Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery Ellicott City

DATE OF BURIAL, April 11, 1915.

20-UNDERTAKER F. B. Haupert

ADDRESS 2238 Frederick Av

Spec.—5-19-13—M. & T.—500 Bks.

C84336

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 Cleveland ST.; 21 WARD) REGISTERED NO. C

2-FULL NAME Viola May Bayer

(Residence in Baltimore: No. 1153 Cleveland

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 14 yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 28 1900
(Month) (Day) (Year)

7-AGE, 14 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas Bayer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ida May Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Bayer

(Address) 1153 Cleveland St

15- Filed APR 10 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1915, to Apr 8 1915, that I saw h-r alive on Apr 8 1915, and that death occurred, on the date stated above, at 4 50 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diphtheria Tonsilitis

(Duration) yrs. mos. 4 ds.

(Signed) John G Schwensberg M. D.

Apr 8 1915 (Address) 112 S Albemarle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Apr 10, 1915

20-UNDERTAKER Mr & Mrs Jno W Teufel — ADDRESS 801 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84337

CERTIFICATE OF DEATH.

167 C84337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. Lafayette Av. St.; 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma S. Mullikin

(Residence in Baltimore: No. 416 E. Lafayette Av. St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, unascertainable (Month), 1 (Day), ... (Year)

7-AGE, abt 65 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper for
(b) General nature of industry, business, or establishment in which employed (or employer): her children

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas Gaddhall.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah E. Sanders.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H. Mullikin

(Address) 324 E. Lafayette av

15- APR 10 1915 ROBERT . KRAUTER
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1915, to April 9, 1915, that I saw h[illegible] alive on April 8, 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Accidental Burn

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ... yrs. ... mos. 1/2 ds.

(Signed) Hugh Forsythe M. D.

Apl 9, 1915. (Address) 424 E. York av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fairmount Cem. DATE OF BURIAL, 4-12, 1915

20-UNDERTAKER Wm Cook ADDRESS 502 6. N. ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84338

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84338

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Raymond

(Residence in Baltimore: No. Harford Rd & Taylor Ave St.; 34 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Aug 19, 1880
(Month) (Day) (Year)

7-AGE 34 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Genl

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Maul

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret ?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Grant St.

15- APR 10 1915, ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1915, to Apr 9 1915, that I saw h[er] alive on Apr 9 1915, and that death occurred, on the date stated above, at 9 o.[clock] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Operation & Metastasis

(Duration) 2 years

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Apr 9, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted if not at place of death? Harford Road & Taylor

Former or usual residence Harford Rd & Taylor Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 4/13, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E Natta

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84339 92 C84339

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert M. Kilduff

(Residence in Baltimore: No. 1420 W. Lexington St. St.; (2 yrs. 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 7, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Stephen Kilduff

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ella Carey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- APR 10 1915 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1915, to Apr. 9 1915, that I saw him alive on Apr 9 1915, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Edward D. Smith, M. D.

Apr 9, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1420 W Lexington St

Former or usual residence 1420 W Lexington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem	4/12, 1915.
20-UNDERTAKER William Cook	ADDRESS 502 E North

C84310 HEALTH DEPARTMENT--CITY OF BALTIMORE 119 C84310

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1303 W. Ostaud St. 21 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Hustes

(Residence in Baltimore: No. 1303 W Ostaud St St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE MARRIED WIDOWED~~ OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: August (Month) 8 (Day) 1874 (Year)

7-AGE: 40 yrs ..... mos ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Henry Hustes

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Anna E. Hustes

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A Hustes

(Address) 1303 W Ostaud St

15- Filed APR 10 1915, 191 ..... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1915, to, April 7th 1915, that I saw h..... alive on April 7th 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Mitral insufficiency

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Hubbard Draper M. D.

April 8 1915 [Address] 913 Eutaw Place

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: April 12 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84341

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 Myrtle av ST.; 17 WARD)

2-FULL NAME Lydia J Coates

(Residence in Baltimore: No. 1157 Myrtle av St.; 57 yrs. 1 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March (Month) 9 (Day), 1858 (Year)

7-AGE, 57 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James A Coates

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Laura J Campell

13-BIRTHPLACE OF MOTHER (State or Country) New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pauline Herget

(Address) 1151 Myrtle av

15- APR 10 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Apr (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1915, to Apr 8 1915, that I saw h[illegible] alive on Apr 8 1915, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) 10 yrs. mos. ds.

(Signed) William E Burton M. D.

Apr 8, 1915. (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Apr 12, 1915

20-UNDERTAKER Wm Cook

ADDRESS 702 E Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C84342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 S. Bentalou St. ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Stizinbothom.

(Residence in Baltimore: No. 437 S. Bentalou St. St. 63 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 8, 1852
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 2 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). (Machine Shop Baltimore)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Stizinbothom.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Frances Claggett

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie C. Stizinbothom

(Address) 437 S. Bentalou St

15- Filed APR 10 1915, 191... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1915, to April 7 1915, that I saw h[illegible] alive on April 7 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Uraemia Convulsion

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ... yrs. [illegible] mos. [illegible] ds.

(Signed) Walter A Cox M. D.

4-8, 1915. (Address) 514 S Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park.	Apr. 11, 1915
20-UNDERTAKER	ADDRESS
Lowood	502 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84343

CERTIFICATE OF DEATH.

x 92 C84343

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gussie Dixon

(Residence in ~~Baltimore~~: No. Rock Hall Md. St.; 27 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Apr. (Month) 15 (Day), 1888 (Year)

7-AGE, 24 yrs. 11 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Turkey

PARENTS.

10-NAME OF FATHER, (Mr.) Firbelland

11-BIRTHPLACE OF FATHER (State or Country), Turkey

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Turkey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St.

15- Filed APR 10 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 8 1915, to Apr. 9 1915, that I saw her alive on Apr 9 1915 and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L Senick M. D.

Apr. 9, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 19 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Rock Hall, Md.

Former or usual residence Rock Hall, Md.

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Md. DATE OF BURIAL, April 12 1915.

20-UNDERTAKER H Sander D Sons ADDRESS 170 Fleet

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84344

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 84344

CITY OF BALTIMORE: (No. 2002 Payson St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie V. Johnson

(Residence in Baltimore: No. 2002 Payson St. 17 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word): Single

6-DATE OF BIRTH: Nov. 12, 1897 (Month) (Day) (Year)

7-AGE: 17 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School (none)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Henry L. Johnson

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Emma B. Fitchett

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Emma B. Johnson
(Address) 2002 W. Payson

15- Filed APR 10 1915 ROBERT J. KRAUSS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1914, to April 8 1915; that I saw her alive on April 7 1915; and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chorea

(Duration) yrs. 5 mos. ds.

Contributory (SECONDARY) Mitral Regurgitation

(Duration) yrs. 3 mos. ds.

(Signed) J. E. Dunstan M. D.

4/8 1915 [Address] 1202 E. Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: April 11, 1915

20-UNDERTAKER: Geo. J. Smith — ADDRESS: 1000 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Louisa Pietrowiak

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84345

CERTIFICATE OF DEATH.

104 C84345

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 S. Decker ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Pietrowiak

(Residence in Baltimore: No. 1238 S. Decker ave St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Baby

6-DATE OF BIRTH, Jan (Month) 31 (Day), 1915 (Year)

7-AGE, ...yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... none
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joe. Pietrowiak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Marek

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Pietrowiak

(Address) 1238 S Decker Ave

15- Filed APR 10 1915 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 8 1915, that I saw her alive on April 8 1915, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Mesocolitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Jutlow M. D.

April 8 1915. (Address) 3035 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL, OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, April 10, 1915

20-UNDERTAKER Stephen J Faulkowski — ADDRESS 1019 S Konwood Ave

CAUSE OF DEATH must be stated plainly. Every question must be answered if possible. Omissions cause unnecessary correspondence. Information should be given by person most familiar with facts. See instructions on back of certificate.

C84346

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84346

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 322 S. Eden St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Brancato Mary

(Residence in Baltimore: No. 322 S. Eden St. St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) married

6-DATE OF BIRTH ..... (Month) ..... (Day) 1877 (Year)

7-AGE 38 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Italy

PARENTS

10-NAME OF FATHER Philip Scinicca

11-BIRTHPLACE OF FATHER (State or country) Italy

12-MAIDEN NAME OF MOTHER Rosie Frovetta

13-BIRTHPLACE OF MOTHER (State or country) Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grazia Scinicca

(Address) 322 S Eden St

15- APR 10 1915 Filed ..... 191.....

ROBERT . KRAUSER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 8 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-4, 1915, to, 4-8 1915, that I saw h.e alive on 4-8 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Lobar pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) S. Bernard M. D.

4-9-, 1915 [Address] 1604 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL April 10 1915

20-UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Samuel Mathews Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84347

CERTIFICATE OF DEATH.

151 C84347

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Mathews Jr.

Residence in Baltimore: No. 408 N Gilmor St.; /yrs, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Cne

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Mathews

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Irene Baer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Mathews

(Address) 408 N Gilmor St

15-APR 10 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 9 1915; that I saw h[illegible] alive on April 8 1915, and that death occurred, on the date stated above, at 8 4 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw P Fitzgerald M. D.

4-7, 191.5 (Address) 1 E Dover Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	April 10, 1915
20-UNDERTAKER Wilbert Brown	ADDRESS 414 N. Mount St.

CAUSES OF DEATH should be carefully considered and important. See instructions on back of certificate.

Baby Sabo

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84318 **CERTIFICATE OF DEATH** 151 C84318

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 218 Albemarle St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sabo

(Residence in Baltimore: No. 218 Albemarle St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH April 6, 1915 (Month) (Day) (Year)

7-AGE ....yrs. ....mos. 2 ds. — If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Victor Sabo

11-BIRTHPLACE OF FATHER (State or country) Italy

12-MAIDEN NAME OF MOTHER Mable Knight

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed APR 10 1915 191.... ROBERT J. KRAUTER, REGISTRAR
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to April 8 1915, that I saw h.... alive on April 7 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs ....mos. ....ds.

Contributory (SECONDARY) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed), E. D. Plass M. D.

April 8 1915 [Address] J. H. Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL APR 9 - 1915 191....

Commissioner of Health, — ADDRESS

FOR ANATOMICAL PURPOSES

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84349 C84349

CERTIFICATE OF DEATH.

56

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 427 W Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Burns

(Residence in Baltimore: No. 427 W Saratoga St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 35 (about) yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed APR 10 1915 ROBERT . KRAUTER, Burial Permit Clerk. Assistant

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Gastritis

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

March 30, 1915 (Address) 413 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, APR 9- 1915

20-UNDERTAKER Commissioner of Health, Per. Wm. S. WOODALL

ADDRESS

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84350 **CERTIFICATE OF DEATH.** 28 C84350

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1048 Pennsylvania ave. St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. W. Preston,

(Residence in Baltimore: No. 1048 Pennsylvania ave. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ... Unknown, (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Pitts, neighbor,

(Address) 1046 Pennsylvania ave.

15- APR 10 1915 Filed....., 191.....

ROBERT . ARMSTRONG, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 27th, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) ..inquiry...find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Pulmonary tuberculosis,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Frederick Kemp[illegible] (Coroner.) M. D.

March 27 1915 (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, APR 9- 1915

20-UNDERTAKER Coroner Health. ADDRESS

E. WOODALL.

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84351 91

CERTIFICATE OF DEATH.

C84351

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1542 Leslie street, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Parker,

3-Residence in Baltimore: No. 1542 Leslie street, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ... January (Month) 14th (Day), 1915. (Year)

7-AGE, 0 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Parker,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Ola Parker,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ola Parker, mother,

(Address) 1542 Leslie street.

15- Filed APR 10 1915, 191. ROBERT KRAUSE, Registrar. Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Wempe (Coroner.) M. D.

Mar. 27, 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, APR 9 - 1915

20-UNDERTAKER Commissioner Health, ADDRESS

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84352

CERTIFICATE OF DEATH.

91 C84352
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1102 Whatcoat St.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria L. Dorsey
(Residence in Baltimore: No. 1102 Whatcoat St.; yrs. 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 17 (Day), 1914 (Year)

7-AGE, yrs. 6 mos. 21 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Alfred Dorsey
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Maria Hayes
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Maria Dorsey
(Address) 1102 Whatcoat St

15-
Filed APR 10 1915, 191.... ROBERT C. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from April 5 1915, to April 7 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John D. Dawson M. D.
April 8, 1915. (Address) 1517 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, April 10 1915
20-UNDERTAKER James T. Downs
ADDRESS 20 E. Preston

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84353

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Gilmor ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edsworth Innes

(Residence in Baltimore: No. 419 N. Gilmore St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Col	Single

6-DATE OF BIRTH, June 27, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 9 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt-Md

PARENTS.

10-NAME OF FATHER, Edmoise Innes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Hardy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hardy Innes

(Address) 419 N Gilmor

15- APR 10 1915 ROBERT . KRAUSE,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 8 1915, that I saw h[e] alive on April 8 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. 4 mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. 4 mos. ds.

(Signed) Jno. L. Phelps M. D.

April 8, 1915 (Address) 706 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Lafayette Hill DATE OF BURIAL, April 10, 1915.

20-UNDERTAKER Ernest H. Sims ADDRESS 120 Preston

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84354 — C84354

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. S. Anderson

(Residence in Baltimore: No. 5047 N. Court St. Montg. Ala St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 12 (Day), 1884 (Year)

7-AGE, 30 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tax Commissioner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Alabama.

PARENTS.

10-NAME OF FATHER, Chas. S. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Alabama.

12-MAIDEN NAME OF MOTHER Fannie Crenshaw

13-BIRTHPLACE OF MOTHER (State or Country), Ala.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- Filed APR 10 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24 1915, to Apr. 7 1915, that I saw h[illegible] alive on April 9 1915, and that death occurred, on the date stated above, at 11 40 p.m.

The CAUSE OF DEATH* was as follows:

Thrombosis of cerebral veins

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) P. H. Clough M. D.

Apr. 9, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 16 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 5047 N. Court St Montg Ala

19-PLACE OF BURIAL OR REMOVAL, Montgomery Ala — DATE OF BURIAL, April 9th, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co — ADDRESS Eutaw & Orchard Sts.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84355

CERTIFICATE OF DEATH.

92 C84355

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 715 Church St, (Calverton), ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dorsey Smith

(Residence in Baltimore: No. 715 Church St, Calverton, St.; 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Colored	married

6-DATE OF BIRTH, March (Month) 5 (Day), 1887 (Year)

7-AGE,	If LESS than 1 day.
28 yrs. 1 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Bowers Dorsey.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Chester Riland M.D.

(Address).....2532 Edmondson Ave.

15- Filed APR 10 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 8 1915, that I saw her alive on April 8 1915, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

.....

.....

..... (Duration)....yrs....mos...8...ds.

CONTRIBUTORY (Secondary) ..... none .....

..... (Duration)....yrs....mos....ds.

(Signed).....Chester Riland.....M. D.

4-9-, 1915. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leakin	April 10, 1915
20-UNDERTAKER	ADDRESS
Sam'l H. Chase Son	1700 Mosher

Property of Maryland State Archives. Please read instructions on back of certificate. Every question must be answered, or a reason given why it is not answered. Be careful and make all answers full and complete. Use ink. Write plainly. Do not fold. Be careful to give correct information in every particular. Be careful to fill out every item. Be careful to sign your name. Be careful to date your certificate. Be careful to seal your certificate. Be careful to mail your certificate. Be careful to keep a copy of your certificate. Be careful to file your certificate. Be careful to preserve your certificate. Be careful to destroy your certificate. Be careful to burn your certificate. Be careful to bury your certificate. Be careful to cremate your certificate. Be careful to embalm your certificate. Be careful to dress your certificate. Be careful to undress your certificate. Be careful to wash your certificate. Be careful to shave your certificate. Be careful to cut your certificate. Be careful to trim your certificate. Be careful to comb your certificate. Be careful to brush your certificate. Be careful to clean your certificate. Be careful to polish your certificate. Be careful to shine your certificate. Be careful to wax your certificate. Be careful to oil your certificate. Be careful to grease your certificate. Be careful to lubricate your certificate. Be careful to adjust your certificate. Be careful to regulate your certificate. Be careful to set your certificate. Be careful to wind your certificate. Be careful to time your certificate. Be careful to watch your certificate. Be careful to guard your certificate. Be careful to protect your certificate. Be careful to insure your certificate. Be careful to bond your certificate. Be careful to secure your certificate. Be careful to lock your certificate. Be careful to unlock your certificate. Be careful to open your certificate. Be careful to close your certificate. Be careful to shut your certificate. Be careful to bar your certificate. Be careful to unbar your certificate. Be careful to fasten your certificate. Be careful to unfasten your certificate. Be careful to tie your certificate. Be careful to untie your certificate. Be careful to knot your certificate. Be careful to unknot your certificate. Be careful to splice your certificate. Be careful to unsplice your certificate. Be careful to weave your certificate. Be careful to unweave your certificate. Be careful to knit your certificate. Be careful to unknit your certificate. Be careful to sew your certificate. Be careful to unsew your certificate. Be careful to stitch your certificate. Be careful to unstitch your certificate. Be careful to darn your certificate. Be careful to undarn your certificate. Be careful to mend your certificate. Be careful to unmend your certificate. Be careful to patch your certificate. Be careful to unpatch your certificate. Be careful to repair your certificate. Be careful to unrepair your certificate. Be careful to restore your certificate. Be careful to unrestore your certificate. Be careful to renew your certificate. Be careful to unrenew your certificate. Be careful to revive your certificate. Be careful to unrevive your certificate. Be careful to refresh your certificate. Be careful to unrefresh your certificate. Be careful to invigorate your certificate. Be careful to unvigorate your certificate. Be careful to strengthen your certificate. Be careful to unstrengthen your certificate. Be careful to harden your certificate. Be careful to unharden your certificate. Be careful to soften your certificate. Be careful to unsoften your certificate. Be careful to moisten your certificate. Be careful to unmoisten your certificate. Be careful to dry your certificate. Be careful to undry your certificate. Be careful to wet your certificate. Be careful to unwet your certificate. Be careful to soak your certificate. Be careful to unsoak your certificate. Be careful to drench your certificate. Be careful to undrench your certificate. Be careful to flood your certificate. Be careful to unflood your certificate. Be careful to drown your certificate. Be careful to undrown your certificate. Be careful to submerge your certificate. Be careful to unsubmerge your certificate. Be careful to immerse your certificate. Be careful to unimmerse your certificate. Be careful to dip your certificate. Be careful to undip your certificate. Be careful to plunge your certificate. Be careful to unplunge your certificate. Be careful to duck your certificate. Be careful to unduck your certificate. Be careful to bathe your certificate. Be careful to unbathe your certificate. Be careful to wash your certificate. Be careful to unwash your certificate. Be careful to rinse your certificate. Be careful to unrinse your certificate. Be careful to clean your certificate. Be careful to unclean your certificate. Be careful to purify your certificate. Be careful to unpurify your certificate. Be careful to sanitize your certificate. Be careful to unsanitize your certificate. Be careful to disinfect your certificate. Be careful to undisinfect your certificate. Be careful to fumigate your certificate. Be careful to unfumigate your certificate. Be careful to ventilate your certificate. Be careful to unventilate your certificate. Be careful to air your certificate. Be careful to unair your certificate. Be careful to dry your certificate. Be careful to undry your certificate. Be careful to heat your certificate. Be careful to unheat your certificate. Be careful to warm your certificate. Be careful to unwarm your certificate. Be careful to cool your certificate. Be careful to uncool your certificate. Be careful to freeze your certificate. Be careful to unfreeze your certificate. Be careful to thaw your certificate. Be careful to unthaw your certificate. Be careful to melt your certificate. Be careful to unmelt your certificate. Be careful to boil your certificate. Be careful to unboil your certificate. Be careful to steam your certificate. Be careful to unsteam your certificate. Be careful to cook your certificate. Be careful to uncook your certificate. Be careful to bake your certificate. Be careful to unbake your certificate. Be careful to roast your certificate. Be careful to unroast your certificate. Be careful to fry your certificate. Be careful to unfry your certificate. Be careful to grill your certificate. Be careful to ungrill your certificate. Be careful to broil your certificate. Be careful to unbroil your certificate. Be careful to toast your certificate. Be careful to untoast your certificate. Be careful to brown your certificate. Be careful to unbrown your certificate. Be careful to char your certificate. Be careful to uncharr your certificate. Be careful to burn your certificate. Be careful to unburn your certificate. Be careful to scorch your certificate. Be careful to unscorch your certificate. Be careful to singe your certificate. Be careful to unsinge your certificate. Be careful to scald your certificate. Be careful to unscald your certificate. Be careful to parboil your certificate. Be careful to unparboil your certificate. Be careful to blanch your certificate. Be careful to unblanch your certificate. Be careful to pickle your certificate. Be careful to unpickle your certificate. Be careful to preserve your certificate. Be careful to unpreserve your certificate. Be careful to can your certificate. Be careful to uncan your certificate. Be careful to jar your certificate. Be careful to unjar your certificate. Be careful to bottle your certificate. Be careful to unbottle your certificate. Be careful to seal your certificate. Be careful to unseal your certificate. Be careful to cork your certificate. Be careful to uncork your certificate. Be careful to stopper your certificate. Be careful to unstopper your certificate. Be careful to plug your certificate. Be careful to unplug your certificate. Be careful to stop your certificate. Be careful to unstop your certificate. Be careful to block your certificate. Be careful to unblock your certificate. Be careful to obstruct your certificate. Be careful to unobstruct your certificate. Be careful to impede your certificate. Be careful to unimpede your certificate. Be careful to hinder your certificate. Be careful to unhinder your certificate. Be careful to delay your certificate. Be careful to undelay your certificate. Be careful to postpone your certificate. Be careful to unpostpone your certificate. Be careful to defer your certificate. Be careful to undefer your certificate. Be careful to put off your certificate. Be careful to unput off your certificate. Be careful to procrastinate your certificate. Be careful to unprocrastinate your certificate. Be careful to hesitate your certificate. Be careful to unhesitate your certificate. Be careful to waver your certificate. Be careful to unwaver your certificate. Be careful to vacillate your certificate. Be careful to unvacillate your certificate. Be careful to oscillate your certificate. Be careful to unoscillate your certificate. Be careful to fluctuate your certificate. Be careful to unfluctuate your certificate. Be careful to change your certificate. Be careful to unchange your certificate. Be careful to alter your certificate. Be careful to unalter your certificate. Be careful to modify your certificate. Be careful to unmodify your certificate. Be careful to vary your certificate. Be careful to unvary your certificate. Be careful to differ your certificate. Be careful to undiffer your certificate. Be careful to disagree your certificate. Be careful to undisagree your certificate. Be careful to dissent your certificate. Be careful to undissent your certificate. Be careful to protest your certificate. Be careful to unprotest your certificate. Be careful to object your certificate. Be careful to unobject your certificate. Be careful to oppose your certificate. Be careful to unoppose your certificate. Be careful to resist your certificate. Be careful to unresist your certificate. Be careful to withstand your certificate. Be careful to unwithstand your certificate. Be careful to endure your certificate. Be careful to unendure your certificate. Be careful to suffer your certificate. Be careful to unsuffer your certificate. Be careful to bear your certificate. Be careful to unbear your certificate. Be careful to carry your certificate. Be careful to uncarry your certificate. Be careful to transport your certificate. Be careful to untransport your certificate. Be careful to convey your certificate. Be careful to unconvey your certificate. Be careful to deliver your certificate. Be careful to undeliver your certificate. Be careful to send your certificate. Be careful to unsend your certificate. Be careful to forward your certificate. Be careful to unforward your certificate. Be careful to mail your certificate. Be careful to unmail your certificate. Be careful to post your certificate. Be careful to unpost your certificate. Be careful to publish your certificate. Be careful to unpublish your certificate. Be careful to announce your certificate. Be careful to unannounce your certificate. Be careful to declare your certificate. Be careful to undeclare your certificate. Be careful to proclaim your certificate. Be careful to unproclaim your certificate. Be careful to advertise your certificate. Be careful to unadvertise your certificate. Be careful to publicize your certificate. Be careful to unpublicize your certificate. Be careful to broadcast your certificate. Be careful to unbroadcast your certificate. Be careful to disseminate your certificate. Be careful to undisseminate your certificate. Be careful to spread your certificate. Be careful to unspread your certificate. Be careful to scatter your certificate. Be careful to unscatter your certificate. Be careful to sow your certificate. Be careful to unsow your certificate. Be careful to plant your certificate. Be careful to unplant your certificate. Be careful to grow your certificate. Be careful to ungrow your certificate. Be careful to cultivate your certificate. Be careful to uncultivate your certificate. Be careful to harvest your certificate. Be careful to unharvest your certificate. Be careful to reap your certificate. Be careful to unreap your certificate. Be careful to gather your certificate. Be careful to ungather your certificate. Be careful to collect your certificate. Be careful to uncollect your certificate. Be careful to assemble your certificate. Be careful to unassemble your certificate. Be careful to unite your certificate. Be careful to ununite your certificate. Be careful to join your certificate. Be careful to unjoin your certificate. Be careful to connect your certificate. Be careful to unconnect your certificate. Be careful to link your certificate. Be careful to unlink your certificate. Be careful to chain your certificate. Be careful to unchain your certificate. Be careful to fasten your certificate. Be careful to unfasten your certificate. Be careful to tie your certificate. Be careful to untie your certificate. Be careful to knot your certificate. Be careful to unknot your certificate. Be careful to splice your certificate. Be careful to unsplice your certificate. Be careful to weave your certificate. Be careful to unweave your certificate. Be careful to knit your certificate. Be careful to unknit your certificate. Be careful to sew your certificate. Be careful to unsew your certificate. Be careful to stitch your certificate. Be careful to unstitch your certificate. Be careful to darn your certificate. Be careful to undarn your certificate. Be careful to mend your certificate. 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Be careful to undissent your certificate. Be careful to protest your certificate. Be careful to unprotest your certificate. Be careful to object your certificate. Be careful to unobject your certificate. Be careful to oppose your certificate. Be careful to unoppose your certificate. Be careful to resist your certificate. Be careful to unresist your certificate. Be careful to withstand your certificate. Be careful to unwithstand your certificate. Be careful to endure your certificate. Be careful to unendure your certificate. Be careful to suffer your certificate. Be careful to unsuffer your certificate. Be careful to bear your certificate. Be careful to unbear your certificate. Be careful to carry your certificate. Be careful to uncarry your certificate. Be careful to transport your certificate. Be careful to untransport your certificate. Be careful to convey your certificate. Be careful to unconvey your certificate. Be careful to deliver your certificate. Be careful to undeliver your certificate. Be careful to send your certificate. Be careful to unsend your certificate. Be careful to forward your certificate. Be careful to unforward your certificate. Be careful to mail your certificate. Be careful to unmail your certificate. Be careful to post your certificate. Be careful to unpost your certificate. Be careful to publish your certificate. Be careful to unpublish your certificate. Be careful to announce your certificate. Be careful to unannounce your certificate. Be careful to declare your certificate. Be careful to undeclare your certificate. Be careful to proclaim your certificate. Be careful to unproclaim your certificate. Be careful to advertise your certificate. Be careful to unadvertise your certificate. Be careful to publicize your certificate. Be careful to unpublicize your certificate. Be careful to broadcast your certificate. Be careful to unbroadcast your certificate. Be careful to disseminate your certificate. Be careful to undisseminate your certificate. Be careful to spread your certificate. Be careful to unspread your certificate. Be careful to scatter your certificate. Be careful to unscatter your certificate. Be careful to sow your certificate. Be careful to unsow your certificate. Be careful to plant your certificate. Be careful to unplant your certificate. Be careful to grow your certificate. Be careful to ungrow your certificate. Be careful to cultivate your certificate. Be careful to uncultivate your certificate. Be careful to harvest your certificate. Be careful to unharvest your certificate. Be careful to reap your certificate. Be careful to unreap your certificate. Be careful to gather your certificate. Be careful to ungather your certificate. Be careful to collect your certificate. Be careful to uncollect your certificate. Be careful to assemble your certificate. Be careful to unassemble your certificate. Be careful to unite your certificate. Be careful to ununite your certificate. Be careful to join your certificate. Be careful to unjoin your certificate. Be careful to connect your certificate. Be careful to unconnect your certificate. Be careful to link your certificate. Be careful to unlink your certificate. Be careful to chain your certificate. Be careful to unchain your certificate.

C84356

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C84356

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Slaughter Mathews

(Residence in Baltimore: No. 527 East St. St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Instamours (Month), (Day), 1890 (Year)

7-AGE, 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James J. Slaughter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert A. Elliott

(Address) 506 East St

15-

Filed APR 10 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorrhage

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis ?

(Duration) yrs. mos. ds.

(Signed) Thos. H. Chambers M. D. (Coroner.)

April 8, 1915. (Address) 1.8. W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Arbutus Cemetery	April 10, 1915
UNDERTAKER Robert A. Elliott	ADDRESS 506 Forest Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84357

CERTIFICATE OF DEATH.

138 C84357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ritter

(Residence in Baltimore: No. 2215 Calvert St St.; — yrs., — mos. — ds.)

important. See instructions on back of certificate. Property of Standard. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Jan 24, 1887. (Month) (Day) (Year)

7-AGE. 28 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Matthew H Aiken

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER M E Jerome

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W R Aiken Jr

(Address) 2215 N Calvert St

15- APR 10 1915 Filed....., 191.... Burial Permit Clerk / Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 9, 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 7 1915, to April 9 1915, that I saw h e alive on April 9 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Post Partum Eclampsia

23 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

9 mos. (Duration) yrs. mos. ds.

(Signed) Edw. B. Johnson M. D.

Apr. 9., 1915. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Hospital

Former or usual residence 2215 Calvert St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, April, 191...

20-UNDERTAKER C A Wiedefeld

ADDRESS 343 Cathedral St

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84358

CERTIFICATE OF DEATH.

x91 C84358

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy Churchill Piaget

(Residence in Baltimore: No. Cor Wyoming Ave & Ridgewood Ave. St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, February 22nd, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 1 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery store

9-BIRTHPLACE, (State or Country), Hudson County. New Jersey

PARENTS.

10-NAME OF FATHER, William C. Piaget.

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Augusta Churchill

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Piaget.

(Address) Oradell, N. J.

15- APR 10 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5th 1915, to April 10th 1915, that I saw him alive on April 10th 1915, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Following (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Operation for Appendicitis

Appendicitis (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) R. L. Johnson M. D.

April 10, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State 4 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence Greenwood & Ridgewood Ave Hackensack

19-PLACE OF BURIAL OR REMOVAL Hackensack, New Jersey DATE OF BURIAL, April 12, 191.

20-UNDERTAKER Josh Rooks ADDRESS 1003 N. Balto St.

important. See instructions on back of certificate.

C84359

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84359

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Druid Hill ave ST. 14 WARD)

2-FULL NAME Franklin McDowney

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

(Residence in Baltimore: No. 1719 Druid Hill St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: unknown (Month) (Day), 1844 (Year)

7-AGE: 71 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Essex Co. Va.

PARENTS

10-NAME OF FATHER: Peter McDowney

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Louisa Rach

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Ellis

(Address) 1719 Druid Hill Ave

15- Filed APR 10 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1915, to, April 7 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) Arteria Sclerosis - Age.

(Duration) don't know yrs mos. ds.

(Signed) Jno H. Magruder M. D.

April 7, 191 5. [Address] 1209 Pressman St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: 4/10 191 5

20-UNDERTAKER: Sam'l F. Tewsley — ADDRESS: 5784 Biddle

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84360

CERTIFICATE OF DEATH.

92 C84360

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E. 30th St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella E. Riegel

(Residence in Baltimore: No. 2028 E. 30th St. 52 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March (Month) 14th (Day), 1860 (Year)

7-AGE, 55 yrs. 24 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Hoyle

11-BIRTHPLACE OF FATHER (State or Country), P. A.

12-MAIDEN NAME OF MOTHER Eliza Jane Tubbs

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas L. Riegel

(Address) 2028 E. 30th St.

15-

Filed APR 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 7 1915, that I saw her alive on April 7th 1915, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. 7 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) Robt. L. Kirk M. D.

April 7, 1915. (Address) 100 N. Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, April 10, 1915

20-UNDERTAKER H. Sander Sons ADDRESS 1128 East St.

important. See instructions on back of certificate.

C84361

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84361

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1609 Jackson Street. ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Hamilton Knox.

(Residence in Baltimore: No. 1609 Jackson Street. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: April 27, 1892 (Month) (Day) (Year)

7-AGE: 22 yrs. 11 mos. [illegible] ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Brunswick, Md.

PARENTS

10-NAME OF FATHER: Geo. W. Benjamin

11-BIRTHPLACE OF FATHER (State or country): Leesburg, Va.

12-MAIDEN NAME OF MOTHER: Lavenia E. Hardy.

13-BIRTHPLACE OF MOTHER (State or country): Wheatland, Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy. Benjamin.

(Address) 1609 Jackson St.

APR 10 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1915, to Apr. 7 1915, that I saw h[illegible] alive on April 7, 1915, and that death occurred, on the date stated above, at [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis.

(Duration) about 1½ yrs.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Wm. T. Seabury M. D.

Apr. 7, 1915 (Address) 625 E. Fast Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Apl 10, 1915

20-UNDERTAKER: H E Hughes

ADDRESS: 17 S Broadway

Apl. 30. 1915.

#C. 84. 361

To Whom It May Concern:—

The age of Isabel Hamilton Knox; at death, was. 22 years, 11 months and 10 days. instead of 22 years 11 months and 20 days as stated in my certificate of death on file in the Health Department of Baltimore City.

Yours Truly.

Wm. T. Seabury M.D.

T. C. S. — mc. This 20th day of April 1915

C84362

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84362

CERTIFICATE OF DEATH

172

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Werner

(Residence in Baltimore: No. 1322 Eutaw Place St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 3, 1843 (Month) (Day) (Year)

7-AGE: 71 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: — Frankfurter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Rukman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Slowan

(Address) 1322 Eutaw Place

15-APR 10 1915 HARRY O. ANDREWS, Filed ....., 191.. Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1915, to, April 9 1915, that I saw h— alive on April 9 1915, and that death occurred, on the date stated above, at 3.00 P m.

The CAUSE OF DEATH* was as follows:

Fractured Femur
slipped on 3rd room floor
while walking,
(Duration) ..... yrs. ..... mos. 19 ds.

Contributory (SECONDARY): Pulmonary Edema
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) M. B. Levin M. D.

April 9, 1915. [Address] Hebrew Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 19 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1322 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL: Chev Shalom — DATE OF BURIAL: April 11, 191..

20-UNDERTAKER: David Sondheim — ADDRESS: 1518 Druid Hyd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84363

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S Bastle ST.; 7 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence L Stromer

Residence in Baltimore: No. 404 S Bastle St.; 38 yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 7, 1877.
(Month) (Day) (Year)

7-AGE, 38 yrs. 7 mos. 6 da.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry Funk

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Mary A. Tracey

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Stromer

(Address) 404 S Bastle St

15- Filed APR 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to Apl. 8th 1915, that I saw h[er] alive on Apl 8th 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Robt S Kirk M. D.

Apl. 8th, 1915. (Address) 1[illegible] Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, April 11, 1915.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2146 Eastern

important. See instructions on back of certificate.

C84364

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84364

CERTIFICATE OF DEATH

REGISTERED No. C 151

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 Division ST.; 17 E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Lawrence & Blanche Sampson

(Residence in Baltimore: No. 1336 Division St.; yrs. mos. ds.)

3 min.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH April (Month) 8th (Day), 1915 (Year)

7-AGE ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or 3 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Lawrence Sampson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Blanche Lee

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Blanche Sampson

(Address) 1336 Division Street

15- APR 10 1915 Filed ..., 191... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 191 5, to April 8 1915, that I saw h[illegible] alive on April 8 1915, and that death occurred, on the date stated above, at 4 p' m.

The CAUSE OF DEATH* was as follows:

Miscarriage

(Duration) ... yrs. ... mos. 6 ds.

Contributory (SECONDARY) Constitutional Diseases

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward J. Mueller M. D.

4/10 1915 [Address] 1230 E. Hoffman

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Hill Cem. DATE OF BURIAL: April 10 1915

20-UNDERTAKER: George H. Holland ADDRESS 577 Robert Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84365

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C84365

1-PLACE OF DEATH Helmuth Hospital 8 — REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.:..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Geisz

(Residence in Baltimore: No. 1966 Patterson Park Ave St.; 53 yrs. 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 20 (Day) 1861 (Year)

7-AGE: 53 yrs. 6 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Charles Wedekake

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs D. Leopold

(Address) 517 Hanover St

15- Filed APR 10 1915, 19.. HARRY O. ARMS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) / 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/8, 1915, to, 4/9 1915, that I saw her alive on 4/9 1915, and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. 4 mos. ..... ds.

Contributory (SECONDARY)

(Duration) yrs. ..... mos. ..... ds.

(Signed), M. B Levie M. D.

....., 191..... [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1966 Patterson Pk Ave

Former or usual residence 1966 Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: 4/12 1915

20-UNDERTAKER: Mclain Cook — ADDRESS: 502 E. Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84366

92 C84366

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Park Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Winslow Eddins

(Residence in Baltimore: No. 1804 Park Ave. St.: —yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widowed

6-DATE OF BIRTH, July 14, (Month) (Day) 1838 (Year)

7-AGE, 76 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Alfred Eddins

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Winslow

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace F. Eddins

(Address) 1804 Park Ave

15-APR 10 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 4th 1915, to Apr. 8th 1915, that I saw h[illegible] alive on Apr. 8th 1915, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Van Ness M. D.

Apr. 10th, 1915. (Address) 2016 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cem.	April 11..., 1915
20-UNDERTAKER	ADDRESS
E M Mitchell & Co	1201 W Fayette

important. See instructions on back of certificate.

C84367

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84367

1-PLACE OF DEATH

REGISTERED No. C 92

CITY OF BALTIMORE (No. 224 N. Pine ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Ward.

(Residence in Baltimore: No. 224 N. Pine St.: 6 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Colored	Single

6-DATE OF BIRTH unknown [redacted] (Month) [redacted] (Day), [redacted] (Year)

7-AGE about 67 years. yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) (Common) X

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Riland, M.D.

(Address) 2532 Edmondson Ave

15. Filed APR 10 1915, 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1915, to April 9 1915, that I saw him alive on April 8, 1915, and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Coma from unknown

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) none

(Duration) yrs. mos. ds.

(Signed) Chester Riland M. D.

April 9, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL April 11, 1915

20-UNDERTAKER Robert A. Elliott | ADDRESS 500 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84368

CERTIFICATE OF DEATH.

28 C84368

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 401 Maplewood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Balduin Fischer

(Residence in Baltimore: No. 401 Maplewood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 9 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 11 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Drug. ex. h
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Julius Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amelia Vogel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs. Mewes

(Address)..401 Maplewood Ave

15-

Filed APR 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 Th. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to April 8 1915, that I saw h.. alive on April 7 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Evans, M. D.

4 9, 1915 (Address) 501 Saratoga Lemm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 12, 191..

20-UNDERTAKER	ADDRESS
Wm J Eckenrode	Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84369

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Connor Loane

(Residence in Baltimore: No. 1513 Poplar Grove St.; 62 yrs., 6 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. September 28, 1852
(Month) (Day) (Year)

7-AGE. 62 yrs. 6 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John W. Loane

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Amanda C. Kane

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. D. Hoffman

(Address) 1513 Poplar Grove St

15-

Filed APR 10 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1914, to April 8 1915, that I saw him alive on April 7 1915, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Heart failure

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Myocarditis and Nephritis

(Duration) .... yrs. — mos. — ds.

(Signed) W. D. Hoffman M. D.

April 9, 1915. (Address) 2100 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, April 11 1915.

20-UNDERTAKER Geo W Little — ADDRESS 531 N Stricker

Caution.—Before signing, read carefully and see that no statement is incorrect or misleading. Each statement of OCCUPATION is very important. See instructions on back of certificate. This certificate is the property of the City and may not be removed from the office of the Health Department.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84370

CERTIFICATE OF DEATH.

79 C84370

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes E Albert

(Residence in Baltimore: No 821 Columbia St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany -

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Albert

(Address) 2402 Preston

15- APR 10 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 191..., to Apr 9 1915, that I saw h-er alive on Apr 9 191 5, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

..... Mitral Stenosis .....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J Mosley Hoag ..... M. D.

..... 191... (Address) ..... 729 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, April 12, 1915.

20-UNDERTAKER H Gluckner & Son — ADDRESS Penna Ave

Cause of death to be given in plain terms; a mistake may be of property importance. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84371

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84371

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E. Derr.

(Residence in Baltimore: No. 1045 W Fayette St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) Butcher

9-BIRTHPLACE, (State or Country) Frederick Md

PARENTS.

10-NAME OF FATHER, Geo. C. Derr

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Francis V. Vanfossen

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Derr

(Address) 1045 W. Fayette st

15-

Filed APR 10 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1915, to Apr 7 1915; that I saw h[illegible] alive on Apr 7 1915; and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonitis

... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion & Nephritis (Duration) — yrs. — mos. 29 ds.

(Signed) M. Myers Addendum M. D.

Apr 9, 1915 (Address) 1804 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 10, 1915

20-UNDERTAKER A. Jones ADDRESS 257 S Stricker St

CAUSE OF DEATH to be filled in plain terms, so that it may be easily understood. Do not use abbreviations or technical terms. Be particular and definite. Name the disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. Do not return this certificate to the undertaker. Be sure that it is signed by the physician. Do not fail to answer every question. If there is no physician, the undertaker must report the death to the Health Department at once. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84372

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 C84372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1734 N Duncan ST.; 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pinson

(Residence in Baltimore: No. 1734 N Duncan St.: 66 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, July 15, 1848 (Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Whalen

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louis Marcel
(Address) 1007 N Wolfe St

15-
Filed APR 10 1915 HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 9 1915, that I saw her alive on April 9 1915, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Thrombosis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) D E Lilly M. D.

April 10, 1915. (Address) 600 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, April 12, 1915.

20-UNDERTAKER Robt J Turner — ADDRESS 1121 N Broadway

CAUSE OF DEATH is to be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C84373 HEALTH DEPARTMENT--CITY OF BALTIMORE 43 C84373

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Winfield Wm Dalrymple Avenue St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Anna Laedlein

(Residence in Baltimore: No. Winfield Wm Dalrymple Ave St.: Govt Park 65 yrs. 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH May (Month) 30 (Day), 1849 (Year)

7-AGE 65 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER John Bauer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Barbara Meyd

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Laedlein

(Address) Winfield Wm Dalrymple Ave Govt Park

APR 10 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1915, to April 10 1915, that I saw h-er alive on April 9, 1915, and that death occurred, on the date stated above, at 12 00 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast. Operation 4 years ago - Recurrence on scar & Lymph glands axilla & everywhere

Duration 4 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Toxaemia & exhaustion

Duration ..... yrs. ..... mos. 4 ds.

(Signed) Fleming, King Nichols M. D.

April 10, 1915 (Address) 535 W. Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Du Redeemer Cemetery — DATE OF BURIAL 4/12 ,1915

20-UNDERTAKER Henry W. Mears & Son — ADDRESS 10 S. N. Gilmor St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84374

CERTIFICATE OF DEATH.

92 C84374

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2408 Eutaw Place ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Albert S. Hecht

(Residence in Baltimore: No. 2408 Eutaw Place St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 31st (Day), 1864 (Year)

7-AGE, 50 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Samuel Hecht

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Babette Adelsheimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albt Hecht

(Address) Belvedere Hotel

15- Filed APR 10 1915 HARRY O. ANDREWS, Registrar of Vital Records, City of Baltimore

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1915, to April 10th 1915, that I saw him alive on April 10th 1915, and that death occurred, on the date stated above, at 8.50 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Louis P. Hamburger M. D.

April 10, 1915. (Address) 1207 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, April 13, 1915

20-UNDERTAKER, Harry Sondheim — ADDRESS 118 N. Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Eutaw Place, St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Hess,

(Residence in Baltimore: No. 1815 Eutaw Place, St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, Dec. (Month) 22nd. (Day), 1834. (Year)

7-AGE, 80 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany,

PARENTS.

10-NAME OF FATHER, Samuel Stern,

11-BIRTHPLACE OF FATHER (State or Country). [redacted] Germany,

12-MAIDEN NAME OF MOTHER Beulah, Senger

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hess,

(Address) 1815 Eutaw Place,

15- APR 10 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Arpil (Month) 10th. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1915, to April 10th 1915, that I saw h.r alive on April 10th 1915, and that death occurred, on the date stated above, at 12.45 A.m.

The CAUSE OF DEATH* was as follows:

Cancer of liver
No operation
No Microscopic Exam
Postmortem

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from bowel

(Duration) yrs. mos. 1 ds.

(Signed) Joseph Eichberg M. D.

April 10 1915. (Address) 1516 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL, April 10 1915.

20-UNDERTAKER David Jondheim ADDRESS 1180 Mt Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84376

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84376

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 618 N Carlton St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Blackwell

(Residence in Baltimore: No. 618 N Carlton St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, ... not known ..... (Month), ... (Day), 1 ..... (Year)

7-AGE, about 45 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worked in
(b) General nature of industry, business, or establishment in which employed (or employer): Fertalizer Manufy Co

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Blackwell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Blackwell

(Address) 618 N Carlton St

15-

Filed APR 10 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1915, to, April 8th 1915, that I saw him alive on April 8th 1915, and that death occurred, on the date stated above, at 7.9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)
Left Hemiplegia
(Duration) ..... yrs. ..... mos. 9 ..... ds.

CONTRIBUTORY (Secondary) ..... Cerebral Hemorrhage
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Mangan M. D.

April 9, 1915. (Address) 1002 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, April 11 1915

20-UNDERTAKER, Alfred J. Freeland — ADDRESS 114 E Saratoga St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84377

CERTIFICATE OF DEATH.

151 C84377

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asylum ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John Black

(Residence in Baltimore: No. St Vincents Infant Asylum St.; ..... yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January (Month) 18th (Day), 1915 (Year)

7-AGE, ... yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St

15- Filed APR 10 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 7th 1915, that I saw him alive on April 7th 1915, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

..... Congenital debility .....

..... (Duration) ..... yrs. 2 mos. 20 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer G. Hall M. D.

April 8th, 1915. (Address) 617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 9 ds. In the State ..... yrs. 2 mos. 20 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 12 1915
20-UNDERTAKER	ADDRESS
H Fahey & Sons	606 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84378

CERTIFICATE OF DEATH.

151

C84378

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Marsh

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs,....mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 27 (Day), 1915 (Year)

7-AGE, ...yrs. 15 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Davisson St.

15-

Filed APR 10 1915 1915 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 9 1915, that I saw her alive on April 9 1915, and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer G. Hall M. D.

April 10, 1915. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 15 ds.

Where was disease contracted if not at place of death? St. Vincents Inf. Asyl

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, April 10, 1915

20-UNDERTAKER J. Fahey & Sons — ADDRESS, 606 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84379

CERTIFICATE OF DEATH.

28

C84379

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Brown

(Residence in Baltimore: No. 1400 Jefferson St.; —yrs.—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 26 (Day), 1882 (Year)

7-AGE, 32 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robert S. Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sydney N. Brown

13-BIRTHPLACE OF MOTHER (State or Country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sydney N. Brown

(Address) 1400 Jefferson St

15- Filed APR 10 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1914, to Apr 8 1915, that I saw h~~im~~ alive on Apr 8 1915, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Chronic (Duration) 0 yrs. 6 mos.

CONTRIBUTORY (Secondary) Pneumonia

Duration) yrs. mos. ds.

(Signed) J. Edward Fisher M. D.

April 9 1915 (Address) 1412 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 11 1915

20-UNDERTAKER John A. Bishop — ADDRESS 1107 Pulaski Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84380

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Dallar. st ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. Williams.

(Residence in Baltimore: No. 418. N. Dallar. st St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, Colored. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waylabor.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER, John Williams.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Williams Barnes.

(Address) 418 N. Dallar. st

15- APR 11 1915 HENRY O. ANDREWS,
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4. 7. 1915, to 4. 7. 1915, that I saw h.. alive on 4. 7. 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

(a) Uraemia - T. B.

(b) .....

(c) ..... (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Rotation

(d) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John C. Kastff M. D.

4/12, 1915. (Address) 116 His York St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loud county april | DATE OF BURIAL, 14....., 1915.

20-UNDERTAKER Miller. Jamie | ADDRESS 1608. McElday st.

C84381

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C84381

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Joe Fabaeman

(Residence in Baltimore: No. 1028 E. Lombard St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) 1855 (Year)

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Samuel Fabaeman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abraham Fabaeman

(Address) 1028 E Lombard St

APR 11 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to, April 9, 1915, that I saw h.. alive on April 9, 1915, and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
Chronic Nephritis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed), M. B. Levin M. D.

April 9 1915. [Address] Hebrew Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos 3 ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death? 1028 E. Lombard St

Former or usual residence 1028 E. Lombard St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel Cemetery

DATE OF BURIAL: April 11, 1915

20-UNDERTAKER: H Levinson Bro

ADDRESS: 1107 E Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84382 HEALTH DEPARTMENT---CITY OF BALTIMORE To C84382

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1632 W Baltimore St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Frederick Hartman

(Residence in Baltimore: No. 1632 W Baltimore St St.; 65 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Feb (Month) 11th (Day) 1850 (Year)

7-AGE: 65 yrs. 1 mos. 20 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md. Balto City

PARENTS

10-NAME OF FATHER: Frederick Hartman

11-BIRTHPLACE OF FATHER (State or country): Germ

12-MAIDEN NAME OF MOTHER: Elizabeth Stissie

13-BIRTHPLACE OF MOTHER (State or country): Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Hartman

(Address) Hamilton Md

15- Filed APR 11 1915, 19... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 8th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st, 1915, to, April 8th 1915, that I saw him alive on April 7th 1915, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right Lung)

(Duration) ... yrs. ... mos. 5 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. 8 ds.

(Signed) Edwin R. Hartman M. D.

April 9th 1915 [Address] 538 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	April 11, 1915
20-UNDERTAKER: William Cook	ADDRESS: 522 E Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84383

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Cookse ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus A. Berner

(Residence in Baltimore: No. 1127 Cookse St.; 65 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 15 (Day), 1850 (Year)

7-AGE, 65 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Knobor

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Berner

(Address) 1127 Cookse St

15- APR 11 1915 Filed....., 191.. MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 191.., to April 9 1915 that I saw h.. alive on April 9 191.., and that death occurred, on the date stated above, at 8a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

Paralysis 22

(Duration) ....yrs. ....mos. ....ds.

(Signed) James Cobn M. D.

4/9, 191.5 (Address) 1222 South St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill

DATE OF BURIAL, April 12 191.5

20-UNDERTAKER Wm Cook

ADDRESS 502 North

Spec.—5-19-13—M. & T.—500 Bks.

Adam Baranowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84384

CERTIFICATE OF DEATH.

151

C84384

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S Broadway ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Baranowski

(Residence in Baltimore: No. 729 S Broadway St.; ....yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 7, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, John Baranowski

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Sophie Haskel

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Baranowski

(Address) 729 S. Broadway.

15- Filed APR 11 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 10 1915, that I saw h— alive on April 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Valentine M. D.

April 10, 1915. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	April 11th, 1915.
20-UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Amity.

C84385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C84385

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 424 N. Bond St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Frohofski

(Residence in Baltimore: No. 424 N. Bond St.; yrs., 0 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. March 12, 1914
(Month) (Day) (Year)

7-AGE. 1 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Stanislaus Frohofski

11-BIRTHPLACE OF FATHER (State or Country). Penn

12-MAIDEN NAME OF MOTHER. Mary Dejuski

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Frohofski

(Address) 424 N. Bond St.

15- Filed APR 11 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) D.W. Jones M. D.
(Coroner.)

April 10, 1915 (Address) 316 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	April 11 1915

20-UNDERTAKER	ADDRESS
Jacob Fudkowski	428 N. Bond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84386 HEALTH DEPARTMENT—CITY OF BALTIMORE C84386

CERTIFICATE OF DEATH.

142

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 719 School ST.; 14th WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Basil Brown
(Residence in Baltimore: No. 719 School St.; about 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 10th (Day), 1841. (Year)

7-AGE, 73 yrs. 10 mos. — ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Coachman and
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Fredericksburg Va

PARENTS.
10-NAME OF FATHER, Basil Brown
11-BIRTHPLACE OF FATHER (State or Country), Fredericksburg Va
12-MAIDEN NAME OF MOTHER Can not ascertaino
13-BIRTHPLACE OF MOTHER (State or Country), Fredericksburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lorenzo Page
(Address) 719 School St. Balto Md

15- Filed APR 11 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from about March 5 1915, to April 9th 1915, that I saw h im alive on April 9th 1915, and that death occurred, on the date stated above, at 11.15 P.m.

The CAUSE OF DEATH* was as follows:
Senila
Gangrene of left foot
about
(Duration) ...yrs. 4 mos. — ds.
CONTRIBUTORY (Secondary) Malnutrition & Senile Asthenia
(Duration) — yrs. 3 mos. — ds.
(Signed) A. B. Blease M. D.
April 10" 1915. (Address) 1841 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lane cemty — DATE OF BURIAL, April 11, 191.5

20-UNDERTAKER John H Owens — ADDRESS 1222 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C84387

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 E. Franklin St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma H. Warthen

(Residence in Baltimore: No. 118 E. Franklin St. St.; yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Child

6-DATE OF BIRTH, January (Month) 28, (Day) 1915 (Year)

7-AGE, ...yrs. 2 mos. 12 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edward Warthen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Bieber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Warthen (Mother)

(Address) 118 E. Franklin St

15- APR 11 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk,
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) wrong food

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. W. Kleinschmidt M. D.
(Coroner.)

April 10, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Pauls Luth Cmety — DATE OF BURIAL, Apr 11, 1915

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Pa Ave

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84388

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84388

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 230 S. Dallas St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Walters

(Residence in Baltimore: No. 230 S. Dallas St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) March (Day) (Year) 1914

7-AGE: yrs. 6 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Washington Walters

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Maggie Carter

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan L. Mason

(Address) 230 N. Dallas st

15- Filed APR 11 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 9th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th, 1915, to, April 9th 1915, that I saw him alive on April 9th 1915, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) yrs mos. 3 ds.

Contributory (SECONDARY) Same

(Duration) yrs mos. ds.

(Signed), Jacob L Wisner M. D.

4-9-1915 [Address] 303 S B'way

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Northumberland Co Va

DATE OF BURIAL: April 11, 1915

20-UNDERTAKER: Mrs J. G. Locke

ADDRESS: 1322 Jefferson st

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84389

CERTIFICATE OF DEATH

79

C84389

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1238 W. Lombard ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha J. Mosburg

(Residence in Baltimore: No. 1238 West Lombard St.; 80 yrs. 1 mos. 27 ds.)

A

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: February 14, 1835 (Month) (Day) (Year)

7-AGE: 80 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: P. Boyle Lee

11-BIRTHPLACE OF FATHER (State or country): United States

12-MAIDEN NAME OF MOTHER: Mary Reed

13-BIRTHPLACE OF MOTHER (State or country): United States

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Martha Mosburg

(Address): 1238 W. Lombard St.

15 APR 11 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to April 10 1915, that I saw her alive on April 9, 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Aortic Stenosis)

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H. Wirt Steiner M. D.

April 10, 1915. (Address) 1022 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: April 11, 1915

20-UNDERTAKER: Jos. Block — ADDRESS: 103 W. Baltimore

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84390

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

76 C84390

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. Presbyterian E&R. Hospl. St. / WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Jackson

(Residence in Baltimore: No. 2207 Essex St.; yrs. 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June 25th 1914 (Month) (Day) (Year)

7-AGE ..... yrs. 9 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto City Maryland

PARENTS

10-NAME OF FATHER Charles Jackson

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Minnie Burkhardt

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Jackson

(Address) 2207 Essex St

15 APR 11 1915 (Filed) 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 11 1915, that I saw h alive on April 10, 1915, and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:

Meningitis (Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) A. C. Otitis Media (Suppurative) (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) W. Readsware M. D.

....., 191..... (Address) 1603 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 3 ds. In the State 9 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2207 Essex St

Former or usual residence 2207 Essex St

19-PLACE OF BURIAL OR REMOVAL Mount Carmel DATE OF BURIAL April 12 1915

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Reed St.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84391

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 E. Lombard ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. Molis

(Residence in Baltimore: No. 1804 E. Lombard St. St.; 40 yrs. ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... May (Month) ..... 4 (Day), 1860 (Year)

7-AGE, 55 yrs. 1 mos. 5 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Woodworker.
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. O. R. R.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph. Molis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosalia Molis

(Address) 1804 E. Lombard St.

15- APR 11 1915, 191.. HARRY D. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 (Month) – 9 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 3-25 1915, to 4-8 1915, that I saw h[illegible] alive on 4-8 1915, and that death occurred, on the date stated above, at 11 "P.m, The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. E. Easterly ..... M. D.

4-11, 191.5 (Address) 111 S. Bouary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Apr. 14, 1915
20-UNDERTAKER William Fiallowski	ADDRESS 618 Eastern Ave.

C84392

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84392

CERTIFICATE OF DEATH.

1915

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hosp. ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Pionkowski

(Residence in Baltimore: No. 508 S Madeira St.; yrs. 70 mos. 11 ds.) 12

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1894 (Year)

7-AGE, 20 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work U.S. Navy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Frank Pionkowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Ebenowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Ambrose

(Address) 508 S. Madeira St.

15- APR 11 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Pneumonia)

Probable Homicide (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gun shot wound in abdomen fired by someone unknown (Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah Kennedy M. D. (Coroner.)

April 11, 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Apr. 13 1915
20-UNDERTAKER Falkowski	ADDRESS 1616 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84393

CERTIFICATE OF DEATH

81 C84393

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 421 Folsom ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Chaffman

(Residence in Baltimore: No. 421 Folsom St.; 81 yrs. 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH Dec 2, 1833 (Month) (Day) (Year)

7-AGE 81 yrs. 4 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ida M. George

(Address) 421 Folsom St.

15 APR 11 1915 HARRY O. ANDREWS, Registrar of Births to Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1915, to Apl 10 1915, that I saw him alive on April 8, 1915, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Senility

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L D Burton M D

4-10-, 1915 (Address) 301 E Mon St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cemetery | DATE OF BURIAL 4-12, 1915

20-UNDERTAKER Howard E Tulley | ADDRESS 432 E Montgomery St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A. M.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84394

CERTIFICATE OF DEATH.

91 C84394

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1513 N. Madeira ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Manuel

(Residence in Baltimore: No. 1513 N. Madeira st St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 29, 1908
(Month) (Day) (Year)

7-AGE, 6 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Manuel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Maggie Enriet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Manuel

(Address) 1513 N. Madeira st

15 APR 11 1915 Filed....., 191... HARRY O. ANDERS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1915, to April 9, 1915, that I saw him alive on April 9, 1915, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. ....ds.

(Signed) Emil G. Bauersfeld M. D.

April 10, 1915. (Address) 2901 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetary	Apr. 12, 1915

20-UNDERTAKER	ADDRESS
Christian Miller	2384 Jefferson st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x45 C84395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malcolm B. Blue

(Residence in Baltimore: No. Raeford N. C. St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH October 26, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Neil S. Blue.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Mary Blue.

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp

15- APR 11 1915 Filed ..... 191..... HARRY J. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1915, to Apr. 11 1915, that I saw h[illegible]live on Apr. 11 1915, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Shoulder Humerus
Agent - Metastasis to Lungs
Duration -
Miscarriage (Duration) ... yrs. 9 mos. ... ds.
Metastasis to Lung
CONTRIBUTORY (Secondary) (Duration) probably yrs. 2 mos. ... ds.

(Signed) George R. Dunn M. D.

Apr. 11, 1915. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Raeford N. C.

19-PLACE OF BURIAL OR REMOVAL, Raeford N C. DATE OF BURIAL, Apr. 11., 1915

20-UNDERTAKER Hart & Fuller ADDRESS 321 N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84396

CERTIFICATE OF DEATH.

x 24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C 84396

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Schwartz

(Residence in Baltimore: No. 631 Fairfax St South Alexandria Va yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 12 (Day), 1912 (Year)

7-AGE, 2 yrs. 6 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Schenk

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. B. Cuvos

(Address) 6 E. Hoff

15- Filed APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1915, to April 10 1915, that I saw h[illegible] alive on April 10 1915, and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Foreign body in Larynx (Splinter)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tetanus

(Duration) yrs. mos. 1 ds.

(Signed) Alma S. Rotter M. D.

Apr. 12 1915. (Address) 6 E. Hoff

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2½ ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 631 Fairfax St S. Alexandria Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	April 12 1915
20-UNDERTAKER Jos. J. Kerr	ADDRESS 1914 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84397 — 79 C84397

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Liberty Heights & Calloway Av. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Massey Delahay

(Residence in Baltimore: No. Liberty Heights & Calloway Av. St.; 41 yrs., ? mos., ? ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 17 (Day), 1840 (Year)

7-AGE, 74 yrs. 10 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm. Arnold

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Hasel Rhodes

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Wm. G. Delahay

(Address) Liberty Heights Av.

15- Filed APR 12 1915 ROBERT . KRAEBER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9th 1915, to Apr 11th 1915, that I saw h-- alive on Apr 10th 1915, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

....Cerebral Embolism.....

.....

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) A. C. Emerson, M. D.

Apr 11th, 1915. (Address) Forest Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Alexandria Va. DATE OF BURIAL, Apr. 13, 1915

20-UNDERTAKER Stewart & Bowen Co ADDRESS 108 N. Mott St

Spec.—5-13-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84398 92 C84398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 8 ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Berman

(Residence in Baltimore: No. 1612 Riggs Ave St; .....yrs. 9 mos. .....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Not ascertained (Month) (Day), 1890 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Roffky Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rebecca Kaplan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15- Filed APR 12 1915 ISIDORE KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 5 1915, to Apl 11 1915, that I saw h[im] alive on April 11 1915, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Edwin L. Davis M. D.

4/10, 1915 (Address) 11 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1012 Riggs ave

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington | DATE OF BURIAL. 4/11, 1915

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

C84399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84399

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Bethel ST.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wessel

(Residence in Baltimore: No. 1512 N. Bethel St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 11, 1915 (Month) (Day) (Year)

7-AGE: ....yrs....mos....ds. If LESS than 1 day, 7 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Harry Wessel

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Marie Smith

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Wessel

(Address) 1512 N. Bethel

15- Filed APR 12 1915 ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1915, to Apr 11, 1915, that I saw h[illegible] alive on Apr 11 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

Seven months

Pregnancy (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Walter W White M. D.

April 11, 1915. (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem. DATE OF BURIAL, Apr. 12, 1915

20-UNDERTAKER Mr & Mrs Jno H Tempel ADDRESS 501 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(8440) 61 (8440)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... St.; 19 WARD)

2-FULL NAME William E Slaughter

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1828 N. Saratoga St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Dec 11 (Day), 1878 (Year)

7-AGE	If LESS than 1 day,
37 yrs. ..... mos. ..... da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Business
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Manager

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER W L Slaughter

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Henrietta Myers

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Slaughter

(Address) 1828 N Saratoga

15- Filed APR 12 1915, 191.. BOBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 7 (Day) 11 (Year), 1915

17- I HEREBY CERTIFY, That I attended deceased from 7-4-1915, to 7-11-1915, that I saw him alive on 7-11-1915, and that death occurred, on the date stated above, at 8-25 a m.

The CAUSE OF DEATH* was as follows:

1. Pneumococcus Cerebro-spinal meningitis (acute)

..... (Duration) .....yrs. .....mos. 7 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....da.

(Signed) C Heusenbach M. D.

7-11-, 191.5 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 1826 N Saratoga St

Former or usual residence 526 N. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 14, 1915

20-UNDERTAKER Robt Turner ADDRESS 144 Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 (84401)

(84401)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N Front ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Smith

(Residence in Baltimore: No. 1025 Front St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col.	Married

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Smith

(Address) 1025 N. Front St.

15- APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 191 5, to April 9 191 5, that I saw her alive on April 9 191 5, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Paralysis Asphyxia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Le Gus Reynard M. D.

April 9 1915 (Address) 7 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathay Cemetery	April 13 1915
20-UNDERTAKER	ADDRESS
Robt. A. Elliott	106 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks. Katherine Gunther

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84402 C84402

CERTIFICATE OF DEATH. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S Caste ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Gunther

(Residence in Baltimore: No. 119 S Caste.

St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, June (Month) 25 (Day) 1872 (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 4 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Andrew Swentzle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Katherine Jason

(Address)... 119 S Caste st

15- Filed APR 12 1915 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1915, to Apr 10 1915, that I saw h alive on Apr 10 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Intershtial Nephritis

(Duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed) Jerome J Greene M. D.

Apr 11 1915. (Address) 1800 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	April 13 1915.
20-UNDERTAKER H. Sander & Sons	ADDRESS 120 E Lat St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C84403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 O. Donnell St.; 1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. Brune

(Residence in Baltimore: No. 3031 O. Donnell St.; .....yrs. .....mos. .....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 31st (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 12 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank L. Brune

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Marion Horney

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Frank L. Brune

(Address). 3031 O. Donnell St.

15-

Filed APR 12 1915 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 11 1915, that I saw h[illegible] alive on April 10 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Defect

(Duration).....yrs. .....mos. 12 da.

CONTRIBUTORY (Secondary)

(Duration).....yrs. .....mos. .....da.

(Signed) W. B. Tilton M. D.

April 11 1915. (Address) 3031 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. .....da. In the State.....yrs. .....mos. .....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 12, 1915.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84404

CERTIFICATE OF DEATH.

28 (84404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Rosedale St (Walbrook) ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Elizabeth Logue

(Residence in Baltimore: No. 1804 Rosedale St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 24 (Day), 1890. (Year)

7-AGE, 24 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, J. A. Logue

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Rose Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose Collins Logue

(Address) 1804 Rosedale St

15- Filed APR 12 1915, 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 10 1915, that I saw her alive on April 10 1915, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph V. Herring M. D.

April 10 1915. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, April 13 1915

20-UNDERTAKER W. M. Routzon

ADDRESS 230 N Greene

N. B.—Exactness of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84405

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C84405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1427 Winchester st. St.: 16 WARD)

REGISTERED No. C.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Golden,

(Residence in Baltimore: No. 1427 Winchester st. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, April (Month) 10th (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 1/2hour	....hrs. or.....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Golden,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Elizabeth Golden,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Golden,

(Address) 1427 Winchester st.,

15- Filed APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frederick C. Dempel M. D.
(Coroner.)

April 12 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Johns

DATE OF BURIAL, April 12 15

UNDERTAKER Samuel Wyke

ADDRESS 864 Mary

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84406

CERTIFICATE OF DEATH.

10 C84406

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 604 N. Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. F. Eastside Sr

(Residence in Baltimore: No. 604 N. Fulton Ave St.: 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Nov 4th, 1852 (Month) (Day) (Year)

7-AGE, 62 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Harry Eastside

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Priscilla Hayes

13-BIRTHPLACE OF MOTHER (State or Country). U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Virginia Eastside

(Address). 604 N. Fulton Ave

15 APR 12 1915 ROBERT J. KRAUSE, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 10 1915, that I saw him alive on April 10 1915, and that death occurred, on the date stated above, at 10.45 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. 1 mos. ds.

(Signed) Joseph T. Herring M. D.

April 11, 1915 (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Apr 13, 1915

20-UNDERTAKER Jos. Cook & Co

ADDRESS 1003 W. Balto St

Spec.—5-19-13—M. & T.—500 Bks.

98440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (84107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Carlisle Place St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Anne Colbert

(Residence in Baltimore: No. 1728 Carlisle Place St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 28, 1864 (Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER, Welsh Butler

11-BIRTHPLACE OF FATHER (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER Ella Naylor

13-BIRTHPLACE OF MOTHER (State or Country). Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Lee (daughter)

(Address) 1728 Carlisle Pl.

15- FILED APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 10, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 4 1915, to Apr 10 1915, that I saw h alive on Apr 4 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) C

(Duration) yrs. mos. ds.

(Signed) W. C. Burnes M. D.

Apr 11, 1915. (Address) 2218 N. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, 4/13, 1915.

20-UNDERTAKER Theo. White

ADDRESS 1702 Gough

FILMED

Spec.—5-19-13—M. & T.—500 Bks.

C84408

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84408

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Carlisle Ave ST.; 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant John & Ida Lee

(Residence in Baltimore: No. 1728 Carlisle Ave St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Apr 11, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 5 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lee

11-BIRTHPLACE OF FATHER (State or Country), Porto Rico

12-MAIDEN NAME OF MOTHER Ida Wicks

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Lee

(Address) 1728 Carlisle Ave

15- APR 12 1915 ROBERT . KRAUSE,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 11, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to Apr 11, 1915, that I saw h.. alive on April 11, 1915, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Premature Birth
One week Attack*
Contributory
(*Mention duration.) (Duration) ....yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Burns M. D.

April 14, 1915 (Address) 1 W. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, 4/13, 1915

20-UNDERTAKER Theodore White

ADDRESS 1702 Gough

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84409) **CERTIFICATE OF DEATH.** 91 C84409

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erasma Biscotti

(Residence in Baltimore: No. 1127 E Lombard St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 4, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nicolo Biscotti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Antonia Maraviglia?

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....A B Curry.....

(Address).....1127 E. Lombard St.....

15- APR 12 1915 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Apr 9, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 5 1915, to Apr 9 1915; that I saw her alive on Apr 9 1915; and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

.....Bronchopneumonia.....

.....

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....Alma S. Rolfe.....M. D.

Apr 10, 1915. (Address).....1127 E. Lombard St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State....yrs. 6 mos....ds.

Where was disease contracted, if not at place of death? 5

Former or usual residence 1127 E. Lombard St

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, April 10, 1915

20-UNDERTAKER Commissioner Health.

ADDRESS

Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state carefully supplied.

KODAK

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84410) (84410)

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Shultz Shriver

(Residence in Baltimore: No. 578 Cathedral St.; 57 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 17th (Day) 1857 ~~1915~~ (Year)

7-AGE. 57 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Journalism
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. John Alexander Shriver

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Olivia Brengle

13-BIRTHPLACE OF MOTHER (State or Country). Frederick Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Alexis Shriver

(Address) 578 Cathedral St

15-

Filed APR 12 1915 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to April 10 1915, that I saw h[im] alive on April 10 1915, and that death occurred, on the date stated above, at 8 45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia : Cirrhosis of Liver
Myocarditis : Chronic Nephritis
Tumor Dorsalis : Prostatitis
(Duration) 3 mos. ds.

CONTRIBUTORY (Secondary) Lues

(Duration) 7 yrs. mos. ds.

(Signed) Thos. N Brennan M. D.

April 12, 1915. (Address) 1911 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	4—13., 1915.
20-UNDERTAKER H. W. Jenkins & Sons Co	ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84411

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Mt Royal Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Worthington Hoffs—

(Residence in Baltimore: No. 1439 Mt Royal Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ....Jan.... (Month) ....13.... (Day), 1854 (Year)

7-AGE.	If LESS than 1 day,
61 yrs. 2 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Clark Co. Va

PARENTS.

10-NAME OF FATHER, John Francis Hoffs.

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Juliana Ross

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Seymour

(Address) 1439. Mt. Royal Ave

15- Filed APR 12 1915, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1915, to April 11th 1915, that I saw him alive on April 11th 1915, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia, (Lobar)

.....

.....

..... (Duration) ....yrs. ....mos. 4.... ds.

CONTRIBUTORY.... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm D Lockwood M. D.

April 12th, 1915. (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (a) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	4-13..., 1915.
20-UNDERTAKER Henry W. Jenkins Son &	ADDRESS Orchard & Mc Culloh.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684112

(84112)

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Linden ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Dayle

(Residence in Baltimore: No. 1903 Linden Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb. 10, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 0 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Monaghan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexius McGlannan

(Address) 1141 W. Franklin St

15- APR 12 1915 ROBERT J. KRAUSER, Burial Permit Clerk
Filed ..., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2 1914, to April 10 1915, that I saw h-er alive on April 10 1915, and that death occurred, on the date stated above, at 5 45 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia

5 hours (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic interstitial nephritis (Duration) 2 yrs. — mos. ... ds.

(Signed) Alexius McGlannan, M. D.

April 11, 1915. (Address) 114 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, 4-13-1915.

20-UNDERTAKER H. M. Jenkins & Sons Co — ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84413 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C84413

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N Madeira ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine McDonald

(Residence in Baltimore: No. 1501 N Madeira St.; ....yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June 5th, 1888 (Month) (Day) (Year)

7-AGE: 26 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Dont know

11-BIRTHPLACE OF FATHER (State or Country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W McDonald Husband

(Address) 1501 N Madeira st

15- APR 12 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 10 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2d 191 5, to April 10th 191 5, that I saw h Et alive on April 10th 191 5, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm H. McIver M. D.

April 10th 1915 (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: APR. 13. 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84114

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84114

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Middendorf

(Residence in Baltimore: No. 1523 N Bond St St.; 75 yrs., — mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. March 27, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired patrolman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Herman Middendorf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna L Fillman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Middendorf

(Address) 1523 N. Bond St.

15- Filed APR 12 1915, ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1915, to Apr 10 1915, that I saw him alive on April 10 1915, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Coma.

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) do not know yrs. ..... mos. ..... ds.

(Signed) Wm R Straight M. D.

Apr 10, 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State 75 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1523 North Bond St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, April 13, 1915

20-UNDERTAKER Henry Hoock Son — ADDRESS 1301 E Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/20 C84115

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine W. Zimmermann

(Residence in Baltimore: No. 1802 Ashland ave St.; 57 yrs., 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 17 (Day), 1857 (Year)

7-AGE, 57 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Zimmermann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Volk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Anna Zimmermann

(Address) 1802 Ashland Ave

15- Filed APR 12 1915 ROBERT STARTIN Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1915, to April 10 1915, that I saw her alive on April 10th 1915, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Exhaustion 2

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Uremia Eclampsia 20 minutes

(Duration) ....yrs.....mos.....ds.

(Signed) John Boyd M. D.

April 14 1915. (Address) 193 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	April 13 1915
20-UNDERTAKER	ADDRESS
Henry Houck Son	1301 E Eager St

N. B.—Entry of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84416

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84416

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3669 Old York Road ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loula. E. Horner

(Residence in Baltimore: No. 3669 Old York Road St.; 13 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 1st, 1901 (Month) (Day) (Year)

7-AGE, 13 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Michael F. Horner

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Loula Grace

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. H. Katzenberger

(Address) 3669 Old York Rd

15- Filed APR 12 1915, 191.

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about — 1908, to April 11 1915, that I saw her alive on April 10 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Dr. Chas Bluhrick M. D.

April 11, 191 5 (Address) 11 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, April 13, 191 5

20-UNDERTAKER Henry Hosch & Son

ADDRESS 1301 E. Baltimore

R. B.—Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(84417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 186 (84417

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospt. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Brandi

(Residence in ~~Baltimore~~: No. Havre de Grace. St.: yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... September (Month) ..... (Day), 1874 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer Man
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joe Brandi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Angelucci

(Address) Havre de Grace

15- FILED APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 11th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... Injury ..... find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull

Stone slipped from cliff striking

head.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Saml Wagnery ..... M. D.
(Coroner)

April 12th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1/2 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Havre de Grace

Former or usual residence Havre de Grace

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New cathedral cem	April 12, 1915
20-UNDERTAKER	ADDRESS
Robert Bowersox Co	Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84418

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C84418

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 4101 Maine ave. St.: Forest Park Ward) 15

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thos. J Pettit Pettit

(Residence in Baltimore: No. 4101 Maine ave St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH ..... October 1 .....
(Month) (Day) (Year)

7 AGE about 73 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Conductor,
(b) General nature of industry, business, or establishment in which employed (or employer) B&OR R

9 BIRTHPLACE (State or country) City

PARENTS

10 NAME OF FATHER Joseph Pettit

11 BIRTHPLACE OF FATHER (State or country) N Jersey

12 MAIDEN NAME OF MOTHER Ann M. Mingen

13 BIRTHPLACE OF MOTHER (State or country) N Jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma J Pettit

(Address) 4101 Main Ave

15 Filed APR 12 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 11, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1915, to April 11 1915, that I saw h— alive on April 10. 1915, and that death occurred, on the date stated above, at 2 A. m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 6 hrs. ds.

(Signed) Herbert C. Blake M. D.

April 12, 1915 (Address) 1014 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL April 13, 1915

20 UNDERTAKER W J Tuckwell Sons | ADDRESS Penna Ave

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

C84419 HEALTH DEPARTMENT--CITY OF BALTIMORE C84419

CERTIFICATE OF DEATH

1-PLACE OF DEATH 2044 N. Fulton Av REGISTERED No. C 42

CITY OF BALTIMORE (No. ... St. 15 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barbara Kriener

(Residence in Baltimore: No. 2044 N. Fulton Av St.: 84 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec. 31, 1830 (Month) (Day) (Year)

7-AGE: 84 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Kirchenol

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Mary Gomes

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anne Mitchell

(Address) 2044 N Fulton Ave

15 APR 12 1915 ROBERT J. KRAUTER, Filed ... 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1915, to April 10 1915; that I saw her alive on April 9, 1915; and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Cancer of Vagina & Vulva
No operation
" Microscopic Exam
" Postmortem

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) A. C. Pole M. D.

April 10, 1915 (Address) 2038 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Apr 13, 1915

20-UNDERTAKER: Wm J. Tickner & Sons ADDRESS: Route 4 Pa

(8420) HEALTH DEPARTMENT—CITY OF BALTIMORE 120 (8420)

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 712 Dover ST. 21 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson D Downs

(Residence in Baltimore: No. 712 Dover St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Dresser
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Downs

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Downs

(Address) 712 Dover St

15- Filed APR 12 1915 BUREAU OF VITAL STATISTICS REGISTRAR

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) J. T. Jeffers M. D. (Coroner.)

April 12, 191.. (Address) 413 E Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 12 1915

20-UNDERTAKER Charles B. Jones

ADDRESS 504 Roger

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C81421 C81421

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Potomac St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada E. Weaver

(Residence in Baltimore: No. 138 N. Potomac St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, June (Month) 11 (Day), 1856 (Year)

7-AGE, 58 yrs. 10 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John T. Richardson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Sarah E. Trimyer

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. A. Weaver

(Address) 138 N. Potomac

15- Filed APR 12 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 11 1915, that I saw h.. alive on April 11 1915, and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) John F. Dunn M. D.

April 12, 1915. (Address) Fayette & Potomac

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 4/14/15

20-UNDERTAKER William Cook

ADDRESS 507 E. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~084122~~ 92 084122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 North Castle St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Torbeck

(Residence in Baltimore: No. 1023 N. Castle St.; 1 yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 15, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edgar A. Torbeck

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Lampkin

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar A. Torbeck

(Address) 1023 N. Castle

15- Filed APR 12 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1915, to April 11 1915, that I saw him alive on April 11 1915, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Intus Susception

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. Dunbar Jones M. D.

April 11, 1915. (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, 4/13, 1915.

UNDERTAKER Wellmann Corp.

ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84423) 91 (84423)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Newman Ct St.; 18 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin N. Edel

(Residence in Baltimore: No. 1112 Newman Ct St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 9, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Edel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dora Rossel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dora Edel

(Address) 1112 Newman Ct

15- Filed APR 12 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 12 1915, that I saw him alive on April 11 1915, and that death occurred, on the date stated above, at 12.40 m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm A. Dueiss M. D.

April 12, 1915 (Address) 106 West Mt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 15, 1915

20-UNDERTAKER	ADDRESS
John F. Fields	1200 W. Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84124 HEALTH DEPARTMENT—CITY OF BALTIMORE H5 C84124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3796 Cascade ST.; 20 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kedrick

(Residence in Baltimore: No. 3796 Cascade St St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 12th, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence L. Kedrick.

(Address) 3746 Stafford St

15- Filed APR 12 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1 1914, to April 10 1915, that I saw h[illegible] alive on April 10 1915, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of the Tail of Pancreas
Obstruction of Duodenum
Postmortem (Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. ds.

(Signed) Henry J. Hahn M. D.

April 11, 1915. (Address) 1 E. Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	April 13th, 1915
20-UNDERTAKER, Charles H. Gill.	ADDRESS 5109 Frederick Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84425

CERTIFICATE OF DEATH.

130 (84425

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Homewood Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice C. Shanklin

(Residence in Baltimore: No. 1910 Homewood Ave. St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 ..... (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Meagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur W. Shanklin

(Address) 1910 Homewood Ave.

15- APR 12 1915 HARRY O. ANDREWS,
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 10 1915, that I saw h.. alive on April 10 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial
Nephritis
(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia
(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W. H. Pearce M. D.

Apr. 12, 1915. (Address) 2105 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Marie Cemetery, Towson, Md.	4/13, 1915.
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	105 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bettie Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84426 C84426

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 686 W. Mulberry — ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Fay

(Residence in Baltimore: No. 686 W. Mulberry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Laundress) X

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nadwan Jones

(Address) 686 W. Mulberry

15- APR 12 1915 DEPUTY REGISTRAR

Filed....., 19.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 10 1915, that I saw h.. alive on April 9th 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) 1 yrs. 1 mos. 6 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. G. Shiffel M. D.

April 10 1915. (Address) 936 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, April 12, 1915.

20-UNDERTAKER David Easton — ADDRESS 916 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

91 C84427

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1136 Hanover St. St.; 9 WARD)

2-FULL NAME John C. Prunty

(Residence in Baltimore: No. 436 Homestead St. St.; 68 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: May 3 (Month) (Day), 1838 (Year)

7-AGE: 76 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Patrick Prunty.

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Jane Rely.

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Prunty.

(Address) 1136 Homestead

15- APR 12 1915 (Date) 191.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/5, 1915, to, 4/10 1915, that I saw him alive on 4/10 1915, and that death occurred, on the date stated above, at 3.15A m.

The CAUSE OF DEATH* was as follows:

Pulmonary complecated Bronchopneumonia & Cardiac asthenia

asthma (Duration) 5 days mos. ds.

Contributory (SECONDARY) .....

(Duration) 5 days mos. ds.

(Signed) Henry Russell M. D.

4/10 1915 [Address] West Arlington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters.

DATE OF BURIAL: April 13 191 4

20-UNDERTAKER: John A Moran

ADDRESS Lazy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84428 135 C84428

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Harford ave. ST.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Baus

(Residence in Baltimore: No. 1810 Harford Ave. St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 27th (Month) (Day), 1884 (Year)

7-AGE, 30 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Hufnackel

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Hufnakel

(Address) 1810 Harford ave.

15- APR 12 1915 Filed....., 19... Registrar.

REGISTRAR'S ADDRESS. APR 12 1915 Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 9 1915; that I saw h-r alive on April 9 1915, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrhage

Forming end of clot

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edna G. Hall M. D.

April 12, 1915. (Address) 1617 E. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, April 12 1915

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84423

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84423

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S Wolfe St.; 2 WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schlicht

(Residence in Baltimore: No. 128 S Wolfe St.; 20 yrs. 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: November 23, 1894 (Month) (Day) (Year)

7-AGE: 20 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Schlicht

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Amiganda Lilly

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amiganda Wolf

(Address) 128 S Wolfe

15- APR 12 1915 Filed ..... 191.. MARY G. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1914, to April 10 1915, that I saw her alive on April 7 1915, and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary

Operation + Massage Dec 1914

No Postmortem (Duration) about yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Ovary

(Duration) last yrs. 8 mos. ds.

(Signed) Geo Heller M. D.

April 11, 1915. (Address) 1937 Greyhsd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 13, 1915

20-UNDERTAKER: Wendell Oppel & Son — ADDRESS: 37 S Mon

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84430

CERTIFICATE OF DEATH.

28 C84430

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Kubin

(Residence in Baltimore: No. 803 N. Rose St.; 27 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Mulatto

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) Oct (Day) Brown, 1 (Year)

7-AGE: 28 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Vaclav Jesula

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Jut Brown

13-BIRTHPLACE OF MOTHER (State or Country): Md Brown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kubin

(Address) 803 N Rose St

15- APR 13 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 10 1915, that I saw h.. alive on April 10 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

..... (Duration) ... yrs. ..... mos. 5 ds.

(Signed) William J. Bowman M. D.

April 12, 1915. (Address) 803 N. Rose St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 13, 1915
20-UNDERTAKER	ADDRESS
Frank Evanchosky	1904 Holland St

Spec.—5-19-13—M. & T.—500 Bks.

C84431

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84431

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Furrow St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola C. Volkert

(Residence in Baltimore: No. 329 Furrow St.; 2 yrs.... mos. .... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 20 (Day), 1898. (Year)

7-AGE, 17 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, John

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brookes

(Address) 17 S Calhoun St

15- Filed APR 13 1915 ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April. (Month) 10. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1. 1915, to April 10. 1915, that I saw her alive on April. 10. 1915, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobularis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. 2 mos. 1 ds.

(Signed) Ft. R Wilson M. D.

....., 191... (Address) 1735 Hillsdale Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, April 14, 1915.

20-UNDERTAKER Robert Brookes & Co — ADDRESS 17 S Calhoun St.

Spec.—8-24-14—M. & T.—2000 Blks.

C84432

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84432

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 E West ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Stadter

(Residence in Baltimore: No. 23 E West St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 26, 1836
(Month) (Day) (Year)

7-AGE, 78 yrs. 10 mos. 16 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Zang

(Address) 23 E West St

15- Filed APR 13 1915 ROBERT . BRAUTER, Bur. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 11 1915, that I saw her alive on April 11 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) D. R. Winston M. D.

April 13, 1915. (Address) 301 S. Conn St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross cab	4-14th, 1915.
20-UNDERTAKER E & B Harle	ADDRESS 115 S West St

Spec.—5-19-15—M. & T.—500 Bks.

Alexander C. Whitter

HEALTH DEPARTMENT—CITY OF BALTIMORE

84433

CERTIFICATE OF DEATH.

130

84433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Pennsylvania Ave ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Carter Whitter

(Residence in Baltimore: No. 2816 Pennsylvania Ave St.; ...yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, August 12th, 1843 (Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Harris Co, Md.

PARENTS.

10-NAME OF FATHER, Gabriel Whitter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Edmondson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Talbert M.D.

(Address) 701 N. Carrollton Ave

15- Filed APR 13 1915, 191... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd 1915, to April 10th 1915, that I saw him alive on April 10th 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis & Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) 4 yrs. mos. ds.

(Signed) Howard Talbert M. D.

April 10, 1915 (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL, April 13, 1915

20-UNDERTAKER Geo. Weber & Son | ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C84434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11th C84434

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049, Center ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John White. (John White)

(Residence in Baltimore: No. 1045 E. Center St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	colored	Married

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 54 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Preacher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) North Carolina

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma White

(Address) 1045 E. Center St.

15- APR 13 1915 Filed ..... 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4th 1915, to April 17 1915, that I saw him alive on April 11th 1915, and that death occurred, on the date stated above, at 1334 m.

The CAUSE OF DEATH* was as follows:

Bilious fever
Hemorrhage from stomach
probably due to gall stones
..... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion
..... (Duration) ... yrs. Normal mos. ... ds.

(Signed) ..... M. D.

April 17th, 1915. (Address) 607 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem	April 19 1915
20-UNDERTAKER Mr. Edward W. Pye	ADDRESS 612 Lanvale St Baltimore Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84135) **CERTIFICATE OF DEATH.** 151 (84135)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

2-FULL NAME Baby Jones.

(Residence in Baltimore: No. John Hopkins Hospital St.; yrs.... mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
F	B	sing'l

6-DATE OF BIRTH, Apr. (Month) 11 (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... L
(b) General nature of industry, business, or establishment in which employed (or employer) ... L

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles Owens

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- FILED APR 13 1915, 191... ROBERT . KRAUTZ Burial Permit Clerk. (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11 1915, to Apr. 11, 1915, that I saw her alive on Apr. 11, 1915, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 months)

(Duration) ... L yrs. ... L mos. ... L ds.

CONTRIBUTORY (Secondary) ... L

(Duration) ... L yrs. ... L mos. ... L ds.

(Signed) Ed. D. Glass M. D.

Apr. 12 1915 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITA — DATE OF BURIAL, APR 12 1915

20-UNDERTAKER Commissioner Health — ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84436

CERTIFICATE OF DEATH.

50 C84436

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Warren Ave ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy M. Young.

(Residence in Baltimore: No. 222 Warren Ave St.: 57 yrs., ..mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 24, 1844
(Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Winchester Va.

PARENTS.

10-NAME OF FATHER, Philip Hoover

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Lucinda Arnold

13-BIRTHPLACE OF MOTHER (State or Country), Centerville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip H. Young Son

(Address) 222 Warren Ave

15- Filed APR 13 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1908, to Apr 11 1915, that I saw her alive on Apr 11 1915, and that death occurred, on the date stated above, at 7.50 P.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) 1 yrs. mos. 1½ ds.

(Signed) Geo. C. Straus Jr. M. D.

April 12, 1915 (Address) 1935 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester Va. DATE OF BURIAL APR 15 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C84137

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N Fort ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. M. Becker

(Residence in Baltimore: No. 113 N Fort Ave ST.; 63 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Becker

(Address) 113 N Fort Ave

15- Filed APR 13 1916 ROBERT . KRAUSE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1915, to April 10 1916, that I saw h[illegible] alive on April 10 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Mitral - Insufficiency

Indefinite

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. ds.

(Signed) R. K. Campbell M. D.

April 12, 1916 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 13, 1916

20-UNDERTAKER H. & H. L. Flynn — ADDRESS 1412 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84438 C84438

CERTIFICATE OF DEATH.

REGISTERED No. C [redacted]

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M. Henderson

(Residence in Baltimore: No. 2820 Simpson Street St.; 60 yrs., 6 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Sept 20, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, William Townsley

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur B. Henderson

(Address) Wilson and Govane

15- ROBERT . KRAUTER, Filed APR 13 1915, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 12 1915, that I saw h[illegible] alive on April 12 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(Duration) yrs. mos. 1 ds.

(Signed) J. F. Warner M. D.

April 14, 1915 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2820 Simpson st

Former or usual residence 2820 Simpson st Balto Md

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Home Chapel	April 15, 1915

20-UNDERTAKER	ADDRESS
William Cook	507 E. North Ave

C84439 HEALTH DEPARTMENT—CITY OF BALTIMORE 56 C84439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 519 Burgundy Al St. 27 WARD)
REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Johnson
(Residence in Baltimore: No. 519 Burgundy Al St.; yrs., mos. ds.)

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ..... mos. ..... ds.	....hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Miller
(Address) 517 Burgandy alley

15- APR 13 1915 ROBERT F. BRADLEY,
Filed ..... 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Alcoholism

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hoffman M. D.
(Coroner.)
Apr 13 191.. (Address) 911 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, April 14, 1915

20-UNDERTAKER J. L. Brown & Son ADDRESS 108 N. Monta

Spec—5-19-13—M. & T.—500 Bks.

(84440 HEALTH DEPARTMENT—CITY OF BALTIMORE 130 (84440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Kolscher

(Residence in Baltimore: No. 740 W. Saratoga St.; 49 yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	married

6-DATE OF BIRTH, ...May.... (Month) 4 (Day), 1865 (Year)

7-AGE, 49 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, William Gorbert

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER, Margaret Hoech

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Kolscher

(Address) 740 W. Saratoga

15- Filed APR 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 12 1915, that I saw h.er alive on April 12 1915, and that death occurred, on the date stated above, at 10:55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 3 yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. ....mos. ....da.

(Signed) Geo. A. Emory M. D.

April 12, 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 740 W Saratoga st.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	4/16, 1915

20-UNDERTAKER Herman Cork

ADDRESS 302 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84441 — 10 — C84441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2801 East Ave St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August C. J. Menake

(Residence in Baltimore: No. 2801 East Ave St.; 48 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 18, 1866 (Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Confectionery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Menake

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Menake

(Address) 2801 East Ave

15- Filed APR 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 10 1915, that I saw h— alive on April 10 1915, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pthisis - Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Jno C Braun M. D.

April 13 1915 (Address) 125 S Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem — DATE OF BURIAL, April 14, 1915

20-UNDERTAKER H. Sander Sons — ADDRESS 170 Block St

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84442 — 40 C84442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hudson

(Residence in Baltimore: No. 445 Grindall St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Bernard Kelly

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Ann Durnin

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. J. Henderson

(Address) 445 Grindall St.

15- Filed APR 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month), 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915, to Apr 11 1915, that I saw h er alive on Apr 11 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach and metastasis (Operation)

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) General metastasis

(Duration) yrs. mos. ds.

(Signed) J Douglas Crane M. D.

4/11, 191.5 (Address) Mercy Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 445 Grindall St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patrick's Cem	April 14, 1915.
20-UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	415 Bowden

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84413 HEALTH DEPARTMENT—CITY OF BALTIMORE C84413

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Mosher St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Harvey

(Residence in Baltimore: No. 425 Mosher St

St.: ...yrs., ...mos. ...da)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) W'd and

6-DATE OF BIRTH, Dont Know ..... (Month), 1 ..... (Day) (Year)

7-AGE, About 70 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Harvey

(Address) 425 Mosher St

15- APR 13 1915 Filed ....., 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April ..... (Month), 11 ..... (Day), 1915 ..... (Year)

I HEREBY CERTIFY, That I attended deceased from April 4th 1915, to April 10 1915, that I saw h er alive on April 10 1915, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. 2 mos. 10 da.

(Signed) S. B. Wright M. D.

April 10, 1915. (Address) 1416 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 13 1915.
20-UNDERTAKER John C Bishoff	ADDRESS 117 Mitchell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84444

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 40

C84444

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 St Paul ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Perry M.D.

(Residence in Baltimore: No. Saratoga N.Y. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: February (Month) 28 (Day) 1840 (Year)

7-AGE: 75 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Manager & Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer): U.S.H.& L. Saratoga N.Y.

9-BIRTHPLACE (State or country): New York.

PARENTS

10-NAME OF FATHER: John L. Perry M.D.

11-BIRTHPLACE OF FATHER (State or country): New York.

12-MAIDEN NAME OF MOTHER: Harriet Basler

13-BIRTHPLACE OF MOTHER (State or country): New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Suttemeier

(Address) 708 St Paul St.

APR 13 1915 ROBERT J. KRAUTER, Filed ..... 191 Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 13 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1915, to, April 13 1915, that I saw h[im] alive on April 13 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Cardiac Carcinoma

Contributory (SECONDARY) No Operation

" Microscopic Exam

(Duration) Yrs. mos. ds.

(Signed) John L. Perry M. D.

April 13 1915 [Address] 819 Park Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Saratoga N. Y. DATE OF BURIAL: April 15, 1915

20-UNDERTAKER: George J. Smith ADDRESS: 709 Cathedral St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 84.445

CERTIFICATE OF DEATH.

40 84.445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 E Federal St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Timmons

(Residence in Baltimore: No. 2403 E Federal St.; .....yrs., ...mos. .....ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. May 18, 1849 (Month) (Day) (Year)

7-AGE. 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Doyle

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ann Ramsey

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna F Minschberger

(Address) 2403 E Federal

15- APR 13 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 16 1915, to April 11 1915, that I saw h[illegible] alive on April 11 1915, and that death occurred, on the date stated above, at 1150 p.m.

The CAUSE OF DEATH* was as follows:

Cancer Acute of Liver
(Clinical Diagnosis)
(Duration) ....yrs. 4 mos. .....ds.

CONTRIBUTORY (Secondary) Carcinomatosis.
(Duration) ....yrs. 1/2 mos. .....ds.

(Signed) E D Bluett M. D.

April 12 1915 (Address) 1419 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. April 14, 1915

20-UNDERTAKER. A H Kenner

ADDRESS 1X X24 Bway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84446

154 1st Ward

CERTIFICATE OF DEATH.

REGISTERED No. C 84446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 W. Lexington St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Freeman

(Residence in Baltimore: No. 1704 W. Lexington St.; 72 yrs. 11 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, January 4, 1832
(Month) (Day) (Year)

7-AGE 72 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: William H. Freeman

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Polly Harrison

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Freeman

(Address) 1704 W. Lexington St.

15- APR 13 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1915, to April 10, 1915, that I saw her alive on April 10 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

The Infirmities of Old age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Johnson Hood M. D.

Apr. 11, 1915. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL, April 13, 1915

20-UNDERTAKER: William Cook

ADDRESS 502 E. North Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(84447

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 (84447

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Browning

(Residence in Baltimore: No. 248 N. Chapel St

St.; yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, January 28th, 1912.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
3 yrs. 2 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James A. Browning

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna A. Wolfle

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas A. Browning

(Address) 248 N. Chapel St

15- Filed APR 13 1915, ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Wood

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck due to Cran struck by an Automobile (accidental) on Gough & Nar Chapel April 10. 1915 Return 5.16 P.M. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) ....yrs. ....mos. ....ds.

(Signed) David W. Jones M. D. (Coroner.)

April 12 1915 (Address) 23 E. Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Matthews Cem.	April 13th, 1915.
20-UNDERTAKER Tilly & Zile	ADDRESS 1033 W. Wolfe St.

C84448

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84448

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 803 N. Fremont Ave ST.; 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rebecca V. Johnson.

(Residence in Baltimore: No. 803 N Fremont ave. St.; 57 yrs. 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: October 25, 1857 (Month) (Day) (Year)

7 AGE: 57 yrs. 5 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Instructor
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jas. M. Johnson

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Margaret R. Kimball

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza A. Johnson

(Address) 803 N. Fremont Ave.

15 APR 13 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 - 1915, to April 12 - 1915, that I saw h.m. alive on April 11 - 1915, and that death occurred, on the date stated above, at 2.55 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

about 8 days
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Multiple Cerebritis

about 10 or 12 yrs
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Carlton McCook M. D.

April 12, 1915 (Address) 1107 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 15, 1915

20 UNDERTAKER: E. C. Friedfeld Jr. — ADDRESS: 2115 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD M.C. 49

Spec.—5-19-13—M. & T.—500 Bks.

(84443)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 (84419)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1153 Cleveland ST.: 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenor M. Bayer.

(Residence in Baltimore: No. 1153 Cleveland St. St.: 63 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Apr. 8, (Month) (Day) 1840 (Year)

7-AGE 75 yrs. 0 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernhardt Lang.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Leonora Bisantz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Bayer

(Address) 1153 Cleveland

15- APR 13 1915 Filed....., 191.....

BOARD OF HEALTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 191 to Apr 12 191 5, that I saw h[illegible] alive on Apr 11 191 5, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) John J. Chittenberg M. D.

Apr 13, 191 5 (Address) 1170 W Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cem	April 14, 1915
20-UNDERTAKER	ADDRESS
Mr & Mrs John McDenfel	801 N Gaylord St

Spec.—8-24-14—M. & T.—2000 Bks.

C84450 HEALTH DEPARTMENT—CITY OF BALTIMORE X 10 C84450

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Eutaw ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maris Josephine Darrell

(Residence in Baltimore: No. 1109 Eutaw St.; 40 yrs., 7 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August 20, 1874 (Month) (Day) (Year)

7-AGE. 40 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stewart Darrell

11-BIRTHPLACE OF FATHER (State or Country), Bermuda

12-MAIDEN NAME OF MOTHER Josephine Winder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Cavendish Darrell

(Address) 1109 Eutaw St.

15- APR 13 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1915, to April 12 1915, that I saw her alive on April 11 1915, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
(Heart disease.)

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Systolic cold Grip

(Duration) yrs. 21 mos. ds.

(Signed) Wm C McDonald M. D.

Apr 13, 1915. (Address) 130 W Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	April 14, 1915.
20-UNDERTAKER Henry W. Faulkner Sons Co.	ADDRESS Mt Pulloh & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH UNFADING INK

Spec.—5-19-13—M. & T.—503 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84451 C84451

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Saratoga ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Douglas Slater

(Residence in Baltimore: No. 1137 Saratoga St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, ..., 1908
(Month) (Day) (Year)

7-AGE, 7 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Slater

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. B. Slaybaugh

(Address) 717 N. Carrollton ave

15-APR 13 1915 HARRY O ANDERSON,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 12th 1915, that I saw h.. alive on April 12th 1915 and that death occurred, on the date stated above, at 10:20 m.

The CAUSE OF DEATH* was as follows:

Intra Pneumonia

(Duration) ....yrs. ....mos. 4 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) L. B. Slaybaugh M. D.

1123, 191.. (Address) 717 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, April 14, 191.5

20-UNDERTAKER John H Bradwin — ADDRESS 142 W Hill

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C84452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84452

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph N. Johnson

(Residence in Baltimore: No. 902 Argyle Ave St.; 9 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... Unknown ....., 18..
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... 37 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nathaniel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Queen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lois Green

(Address) 1219 Bergner Ave

15- APR 13 1915 Health C. A. Dibba.
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to April 12 1915, that I saw h.m alive on April 10 1915, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 9 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion & Collapse

(Duration) ..... yrs. 2 mos. 27 ds.

(Signed) Wm. L. Clarke M.D. M. D.

April 13 1915 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Millersville A. A. Co.	April 15, 1915
20-UNDERTAKER John H. Tradern	ADDRESS 1412 Lorrece St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-15-13—M. & T.—500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84453 C84453

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Childs Hospital ST. ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Carson

(Residence in Baltimore: No. Alone St.; — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Carson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred R. Neltnor

(Address) Nurses Hospital.

15-

Filed APR 13 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 13 1915, that I saw h.. alive on April 12 1915, and that death occurred, on the date stated above, at 4-47 m.

The CAUSE OF DEATH* was as follows:

Severe Malnutrition

..... (Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar B. Friedenwald M. D.

April 13, 1915. (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State yrs. 1 mos. 12 ds.

Where was disease contracted, if not at place of death? Outside of Hospital

Former or usual residence /

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Apr. 14th, 1915.

20-UNDERTAKER, Philip Feenwald & Son ADDRESS, 1101 E. Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84451 — 120 — 84454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Sander ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Burke (Burke)

(Residence in Baltimore: No. 410 Sander St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, — Unknown (Month), (Day), 1855 (Year)

7-AGE, 60 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Henry Starr

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md

12-MAIDEN NAME OF MOTHER — Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Langner

(Address) 410 Sander St

15-APR 13 1915 Filed....., 191.. HARRY O. ANDREAS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to Apr 12 1915, that I saw h[illegible] alive on April 12 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Chr. Duct Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) C. Wilmer Brady M. D.

Apr. 13, 191.. (Address) 2529 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Holy Cross Cem	April 14, 191.5
20-UNDERTAKER	ADDRESS
Daniel Margaret G. Flynn	1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84455 — 119 — C84455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home for the Aged of the M E Church — REGISTERED NO. C

CITY OF BALTIMORE: (No. S W Cor Franklin and Fulton Aves St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Annie Horn.

(Residence in Baltimore: No. Home for the Aged of the M. E. Ch. St.; 65 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female.	White	Single

6-DATE OF BIRTH, Oct (Month) 20. (Day) 1849 (Year)

7-AGE, 65 yrs. 5 mos. 22 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. Horn.

11-BIRTHPLACE OF FATHER (State or Country), Queen Anne's Co Md

12-MAIDEN NAME OF MOTHER Substitute

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Miss E R Newgent per Asst

(Address): Methodist Home for Aged

15- APR 13 1915 HARRY O. ANDERSON, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1915, to April 12 1915, that I saw her alive on April 11 1915, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ✓ yrs. 5 mos. ✓ ds.

(Signed) Geo W Simmons M. D.

April 13, 1915. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death 30 yrs. 9 mos. 7 ds. — In the State 68 yrs. mos. ds.

Where was disease contracted, if not at place of death? Nor Franklin St Fulton Ave

Former or usual residence Home for the Aged of the M E Church

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	April 14, 1915
20-UNDERTAKER George J. Smith	ADDRESS 1000 W Lexington St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2009 Bks.

C84456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130

C84456

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 E. Lombard ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Hertel

(Residence in Baltimore: No. 1919 E. Lombard St ST.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 1839 (Year)

7-AGE, 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susanna Schmidt

(Address) 1919 E. Lombard St.

15- Filed APR 13 1915, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3 1914, to April 11 1915, that I saw her alive on April 10 1915, and that death occurred, on the date stated above, at 2.25 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) 1 yrs. 6 mos. ds.

(Signed) Geo. Hiller M. D.

4.13..., 1915. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 14, 1915

20-UNDERTAKER Lilly & Zeiler ADDRESS 4035 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84457

HEALTH DEPARTMENT--CITY OF BALTIMORE

10

CERTIFICATE OF DEATH

C84457

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1439 Woodall Street ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bernwinkler.

(Residence in Baltimore: No. 1439 Woodall Street St.: — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April 16, 1854 (Month) (Day) (Year)

7-AGE: 60 yrs. 11 mos. 26 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Geo. Lehrl.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Teresa Segerer.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Martin Windeling

(Address) 1439 Woodall St.

15-APR 13 1915 Filed ....., 191 — HARRY O. ANDREAS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to April 12 1915,

that I saw h— alive on April 12, 1915,

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(Duration) about 10 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. T. Seabury M. D.

April 13, 1915 (Address) 421 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	.....	yrs.	.....	mos.	.....	ds.	In the State	..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 15, 1915

20-UNDERTAKER: Lilly & Geiler — ADDRESS: 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

C84458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C84458

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Chapel St.; N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Thaler

(Residence in Baltimore: No. 325 S. Chapel St St.; 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 11th (Day), 1831 (Year)

7-AGE, 83 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Reinhardt.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Weber

(Address) 325 S. Chapel St

15- APR 13 1915 Filed....., 191..... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 11 1915, that I saw h[er] alive on April 11th 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Old age. Arteriosclerosis. Chronic nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. T. Hardt M. D.

April 13, 1915. (Address) 1902 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 14, 1915

20-UNDERTAKER Lilly & Zeile ADDRESS 1038 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84459 C84459

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S. Milton Av ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Annie Sarah Gebhardt

(Residence in Baltimore: No. 601 S. Milton Ave St.; 1 yrs., 8 mos. 14 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 28th, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Joseph J. Gebhardt.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah E. O'Byan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph J. Gebhardt.

(Address) 604 S. Milton Ave

15-

APR 13 1915

Filed....., 191.. Burial Permit 6101

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 3. 1915, to April 12 1915, that I saw her alive on April 11 1915, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Abt 5 mos.
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Endocarditis

7.
(Duration)....yrs....mos....ds.

(Signed) Geo. Keller M. D.

April 12, 1915. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem.	April 14, 191..
20-UNDERTAKER Lilly & Zeller	ADDRESS 403 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84460 — 28 — C84460

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 E. Monument St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Cohen

(Residence in Baltimore: No. 1634 E. Monument St.; 22 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH. April — —, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Zellic Yoffie

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Yasmorth

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj Cohen

(Address) 1634 E. Monument

15- APR 13 1915 Filed....., 191.... MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13th, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1915, to April 13th 1915, that I saw her alive on April 12th 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

P. Pneumonia

(Duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 5 mos. ....ds.

(Signed) Jacob L. Schinner M. D.

4-13, 1915. (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 4/14, 1915.

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84461

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 C84461

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1710 W. Lafayette Ave ST. 16 WARD)

2-FULL NAME Agnes B. Brewer

(Residence in Baltimore: No. 1710 W. Lafayette Ave. St.: 27 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: Aug 16, 1849 (Month) (Day) (Year)

7-AGE: 65 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Edw. Hopkins

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rebecca Davis

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Brewer

(Address) 1710 W Lafayette ave

15-APR 13 1915 Filed ....., 191 ..... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 13, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 23rd, 1915, to Apr. 13 1915 that I saw h[er] alive on Apr. 12 1915, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ..... yrs. 2½ mos. ..... ds

Contributory (SECONDARY) Cardiac Extreme Dyspepsia. (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Albert L. Levy M. D.

Apr 13th 1915 (Address) 20 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Annapolis Jct. Md. DATE OF BURIAL: April 16 1915

20-UNDERTAKER: William Lobe ADDRESS: 1725 W Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84162 — 151 — 84162

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3664 Dulaney St. 38 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mikunya

(Residence in Baltimore: No. 3664 Dulaney St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F — Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr 13 (Month) (Day), 1915 (Year)

7-AGE: — yrs. — mos. 1 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John Mikunya

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Elizabeth Bateman

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant): John Mikunya

(Address): 3664 Dulaney

15- Filed APR 14 1915 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr 13 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 13, 1915, to, Apr 13 1915, that I saw her alive on Apr 13 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7 months)

(Duration) ....yrs ....mos ....ds.

Contributory (SECONDARY) ....

(Duration) ....yrs ....mos ....ds.

(Signed), W A Reed M. D.

Apr 13 1915 [Address] 4507 Frederick

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: April 14 1915

20-UNDERTAKER: F B Wenpert — ADDRESS: 1738 Frederick Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84463)

CERTIFICATE OF DEATH.

28 (84463)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 Bradley St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Harrod

Residence in Baltimore: No. 772 Bradley St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) December (Day) ....., 1874 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Carroll

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER — Manns

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harrod

(Address) 772 Bradley

15- APR 14 1915 Filed ..... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4.9. 191, to 4.11. 191 5, that I saw h[er] alive on 4.16. 191 5, and that death occurred, on the date stated above, at 1 20 Am.

The CAUSE OF DEATH* was as follows:

Tuberculosis
of Asthma

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D L Lloyd M. D.

....., 191... (Address) 679 Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4/15, 1915

UNDERTAKER Samuel T Hemsley — ADDRESS 575 Biddle

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C84464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C84464

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Alley. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Savoy.

(Residence in Baltimore: No. 207 N. alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) single

6-DATE OF BIRTH, August (Month) 13 (Day), 1899 (Year)

7-AGE, 15 yrs. 7 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Wm Savoy.

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Amelia Rose Lamay.

13-BIRTHPLACE OF MOTHER (State or Country). Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed APR 14 1915. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 12 1915, that I saw her alive on April 12 1915, and that death occurred, on the date stated above, at 4.58 P.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Organic heart disease

(Duration) 7 yrs. — mos. — ds.

(Signed) Chester Ruland M. D.

4-13—, 1915. (Address) ~~Clerk~~ 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4/14, 1915.

20-UNDERTAKER Jas L J Hennessey — ADDRESS 578 W Fayette

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84465 — 92 — 84465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidor Kraick (Kraick)

(Residence in Baltimore: No. 1643 Thomas St. St.; 8 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Poland.

PARENTS.

10-NAME OF FATHER, Max Kraick

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- APR 14 1915 Filed....., 191.. ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1915, to Apr 13 1915, that I saw h[illegible]live on Apl. 13 1915, and that death occurred, on the date stated above, at 10½ p m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia.

..... (Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) P. Phelps M. D.

Apr. 13, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1643 Thomas St.

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Apr. 16., 1915

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84466 108 C84466

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Somerfield Stilson

(Residence in Baltimore: No. 2571 Salem St. St.; 5 yrs., ... mos. ..... da.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH ONE KIND OF INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) P. R. Railway Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Somerfield Wilson Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital R & C

(Address) Mercy Hosp.

15- APR 14 1915 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 13 1915, to Apr. 13 1915, that I saw h.m alive on Apr. 13 1915 and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Appendicitis

Abscess

(Duration) ..... yrs. ..... mos. 4 ds. 3

CONTRIBUTORY (Secondary) Generalized Peritonitis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Edward P. Smith M. D.

Apr. 13 191.5 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2571 Salem St

Former or usual residence 2571 Salem St

19-PLACE OF BURIAL OR REMOVAL, Harr De Grace Md

DATE OF BURIAL, 4-14..., 1915

20-UNDERTAKER E & B Earle

ADDRESS 115 E Mt St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84167

REGISTERED No. C 79 C84167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 124 N Streeper ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary P Solomon

(Residence in Baltimore: No. 124 N Streeper St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, ... Aug (Month) 16 (Day), 1877 (Year)

7-AGE, 36 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Schaefer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Salomon

(Address) 124 N. Streeper

15- Filed APR 14 1915, 191. ROBERT . KNAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 12th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

April 17th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, April 14, 1915.

20-UNDERTAKER Philip Henwig ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C84468 — 15 — C84468

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Riverside Av St.; 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McCluskey

(Residence in Baltimore: No. 1415 Riverside Av St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	widower

6-DATE OF BIRTH, Mar 15, 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. — mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) [illegible]

15- Filed APR 14 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1915, to Apr 12 1915, that I saw him alive on Apr 12 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) 19 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm E Stigler M. D.

4/12, 191.5. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic — DATE OF BURIAL, 4/14/15

20-UNDERTAKER, Jno. J. Tabb & Son — ADDRESS 31 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84469

CERTIFICATE OF DEATH.

92 C84469

REGISTERED NO. C.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brooks

(Residence in Baltimore: No. 1433 Ward St. St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown ....., ... (Month) ..... (Day) 1911 (Year)

7-AGE, 4 ....yrs....mos....da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Calmore Brooks

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Clay Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clat Brooks

(Address) 1433 Ward St

15- APR 14 1915 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 12 (Day) — 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-27- 191.. to 4-12- 191.5 that I saw h.m alive on 4-12- 191.5, and that death occurred, on the date stated above, at 7.0 a. m.

The CAUSE OF DEATH* was as follows:

.....

Lobar pneumonia

..... (Duration) ....yrs. ....mos. 4 da.

CONTRIBUTORY..... Rachitis

(Secondary)

..... (Duration) ....yrs. ? mos. ? da.

(Signed) Chas Krauss Jr M. D.

4-12-, 191.5 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 da. In the State ? yrs. ? mos. ? da.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 1433 Ward St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 14, 1915

20-UNDERTAKER Geo H Hooper

ADDRESS 608 Little Pacca St

Spec.—5-19-13—H. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(8470) (8470)

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) University Hospital (St., 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infd Mary Morris

(Residence in Baltimore: No. 340 Dolphin St. St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.): single

6-DATE OF BIRTH, ...Apr.... 11 ...., 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 2 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isaac Bradley

11-BIRTHPLACE OF FATHER (State or Country), R.I.

12-MAIDEN NAME OF MOTHER Mary Morris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Townsend

(Address) Univ. Hosp.

15- Filed APR 14 1915, 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Apr.... 11 ...., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....Apr 11 1915, to Apr 11 1915, that I saw her alive on Apr 11, 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

....Congenital atelectasis....

.... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) ....Fractured forceps....

.... (Duration)....yrs....mos....ds.

(Signed) J. M. Townsend M. D.

...., 191... (Address) Univ Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL APR 14 1915

Commissioner Health

FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C84171 — 95 — C84171

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3014 St. Calvert ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME John Richard Thompson
(Residence in Baltimore: No. 3014 St. Calvert St.; ...yrs.,...mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October 9, 1852
(Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pilot
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, John F. Thompson
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER, Martha Smith
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Richard Herbert Thompson
(Address) 3014 St. Calvert St.

15-APR 14 1915 Filed ..... 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 7 — 1915, to April 13 1915, that I saw h— alive on April 13 1915, and that death occurred, on the date stated above, at 8.52 P m.

The CAUSE OF DEATH* was as follows:
Pleuro-Pneumonia
(Duration) ...yrs. 3 mos. ...ds.
CONTRIBUTORY (Secondary) Pulmonary Gangrene
(Duration) ...yrs. 2 mos. ...ds.

(Signed) Luke E Wagner M. D.
April 14., 1915. (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	April 15., 1915
20-UNDERTAKER H E Hughes	ADDRESS 17 S Broadway.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84472

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C84472

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 371 Ellamont St St.: 70 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche June Harris

(Residence in Baltimore: No. 371 Ellamont St St.: 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7-AGE: 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Catonsville Md

PARENTS

10-NAME OF FATHER: Accie Harris

11-BIRTHPLACE OF FATHER (State or country): Catonsville Md

12-MAIDEN NAME OF MOTHER: Sallie Coe

13-BIRTHPLACE OF MOTHER (State or country): Ellicott City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rebecca Turner

(Address) Fern Hill Farm

15. Filed APR 14 1915, 191 ROBERT . KRAUSE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1915, to April 12 1915, that I saw her alive on April 11, 1915, and that death occurred, on the date stated above, at 10.25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Edema of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas A Hottenhoff M. D.

April 13, 1913. (Address) 180 W Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Catonsville Md

19-PLACE OF BURIAL OR REMOVAL: Harristown Cem. DATE OF BURIAL: April 16, 1915

20-UNDERTAKER: Mr. Edward W. Pye. ADDRESS: 61 Winters Ave Catonsville

C8413 C8413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo B. Beaver

(Residence in Baltimore: No. 3764 Cascara St.; 28 yrs., — mos., — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 15, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 28 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John B. Beaver

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia Blumenauer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Weaver

(Address) 3764 Cascara St.

15- Filed APR 14 1915 ROBERT . KRAUTER, Registrar. Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns & Shock
(General) accident
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Blown fuse
(Duration) ....yrs....mos....ds.

(Signed) J. J. Jaffee (Coroner) M. D.

April 13, 1915. (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1 ds. In the State 28 yrs....mos....ds.

Where was disease contracted, if not at place of death? Pratt & Penn Sts power house

Former or usual residence. 3764 Cascara St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 15 1915

20-UNDERTAKER Robert S. Little — ADDRESS 531 N. Fremont Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(84174) 91 (84174)

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 E Biddle ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Dorothy~~ Jeager — (Yeager)

(Residence in Baltimore: No. 1402 E Biddle St.: 3 yrs. 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH July (Month) 17 (Day), 1911 (Year)

7-AGE 3 yrs. 8 mos. 25 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Frank A. Yeager

11-BIRTHPLACE OF FATHER (State or country) Balto. Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Hanna

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Frank A. Yeager

(Address) 1402 E. Biddle St.

15- APR 14 1915 Filed ....., 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 12 (Month) — (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1915, to April 12 1915, that I saw h~~er~~ alive on April 12, 1915, and that death occurred, on the date stated above, at 7 p m.
The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia —

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Carcinoma Pancreas

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), M. D.
April 13, 1915. (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Apr. 15, 1915
20-UNDERTAKER	ADDRESS
Henry Houck & Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 (84175)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 E Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret R. Zeman (Zeman)

(Residence in Baltimore: No. 2637 E. Madison St.; 28 yrs., 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 4 (Day), 1886 (Year)

7-AGE, 28 yrs. 4 mos. 8 ds.

12 LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, John Fell Sr.

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Margaret Nigl.

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John A. Zeman

(Address) 2637 E. Madison St

15- APR 14 1915 Filed, 191.... ROBERT KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1915, to April 12 1915, that I saw her alive on April 12 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A. Arey M. D.

April 13 1915. (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 15, 1915.
20-UNDERTAKER	ADDRESS
Henry Horck Son	1301 E Eager st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. A. FEET

C84476

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84476

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2001 N. Lanvale St.; 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Krug (Krug)

(Residence in Baltimore: No. 2001 N. Lanvale St.; 6 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH Sept 29, 1848 (Month) (Day) (Year)

7 AGE 66 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Charles Krug.

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna G Hohman

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Chas J Krug.

(Address) 2001 N Lanvale St.

15 APR 14 1915 Burial Permit Clerk,
Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 13, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1915, to April 12 1915, that I saw h-- alive on April 12 1915, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) J Wm Chesney M. D.

April 13, 1915 (Address) 330 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Apr. 16, 1915
20 UNDERTAKER: Henry Hock Son	ADDRESS: 1301 E Baltimore St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

C84477

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84477

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Friendly Inn & Aged Home St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chaie Freedman

(Residence in Baltimore: No. Lombard near Central ave. St.; 10 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	widow

6-DATE OF BIRTH ? (Month) ? (Day), 1831 (Year)

7-AGE 84 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Jacob Calsman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Zeavitz

(Address) 1129 E Lombard St

15. Filed APR 14 1915 191 ROBERT . KRAUTH, Asst. Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1912, to April 12 1915, that I saw h[illegible] alive on April 12, 1915, and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) 2 yrs. 11 mos. ... ds

Contributory (SECONDARY) myocarditis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) H. A. Michelson M. D.

April 14, 1915 (Address) 1420 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 7 yrs. ... mos. ... ds. In the State 10 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lombard near Central ave.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Belair Rd. | DATE OF BURIAL: April 17, 1915

20-UNDERTAKER: S. Levinson & Bro | ADDRESS: 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RVED FOR BIND

(84178

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 (84178

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 901 E. Lexington St. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sanyster Goldberg

(Residence in Baltimore: No. 901 E. Lexington St.; 60 yrs. mos. ds.)

Name of Husband or Wife

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Unknown. (Month) (Day), ~~1855~~ (Year)

7-AGE: 77 yrs. mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Israel Goldberg

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. L. Goldberg

(Address) 2553 McCulloh

15- APR 14 1915 ROBERT J. BRAUER, Special Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to, April 13 1915, that I saw h[illegible] alive on April 13 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

Bronchitis

(Duration) — yrs — mos. 7 ds.

Contributory (SECONDARY) Bronchopneumonia

Cardiac Syncope

(Duration) — yrs — mos. 3 ds.

(Signed) Alpheus Whitaker M. D.

April 14, 1915. [Address] 1203 Madison St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rodelph Cemetery — DATE OF BURIAL: April 14 1915

20-UNDERTAKER: S Levinson Bro — ADDRESS: 1017 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

(84479) HEALTH DEPARTMENT—CITY OF BALTIMORE (84479)

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 E Layfatte ave ST.: 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Lawrence

(Residence in Baltimore: No. 1813 E Layfatte ave. St.: 22 yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, July 27 (Month) (Day), 1892 (Year)

7-AGE 22 Years 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Elmer Killian

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Killian

(Address) 1807 Hanford ave.

15- Filed APR 14 1915, 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 11 1915, that I saw h[illegible] alive on April 11 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 10 ds.

(Signed) Jacob Frisbie M. D.

April 12, 1915. (Address) 1926 E Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 15, 1915

20-UNDERTAKER George J. Roth — ADDRESS 1735 Hanford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(84130) HEALTH DEPARTMENT---CITY OF BALTIMORE (84130)

CERTIFICATE OF DEATH

66

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2910 Riggs Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Freburger

(Residence in Baltimore: No. 2910 Riggs Ave St. 81 yrs. 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Aug (Month) 15 (Day) 1833 (Year)

7-AGE: 81 yrs. 7 mos. 29 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Peter Brengard

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Ann Koops

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Henderson

(Address) 2910 Riggs Ave

15- Filed APR 14 1915 HENRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1915, to, Apr. 13, 1915, that I saw h.r alive on Apr. 13, 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Senility & Paralysis.

(Duration) 1 yr 5 mos. ds.

Contributory (SECONDARY) Cardiac weakness

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), E. T. Dickey M. D.

Apr. 14, 1914 [Address] 14 N. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. — DATE OF BURIAL: Apr 16 1915

20-UNDERTAKER: Joseph R. Cook — ADDRESS: 1003 W. Balto St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. N.E.B. Iglehart M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 (84181)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Park ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Wilson

(Residence in Baltimore: No. 1405 Park av St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 13, 1836 (Month) (Day) (Year)

7-AGE, 78 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cabell Co. Ind.

PARENTS.

10-NAME OF FATHER, Augustus Sellers

11-BIRTHPLACE OF FATHER (State or Country), Cabell Co. Ind

12-MAIDEN NAME OF MOTHER Rebecca Somerville

13-BIRTHPLACE OF MOTHER (State or Country), Cabell Co Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N.E.B. Iglehart.

(Address) 1405 Park Ave

15- Filed APR 14 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1915, to April 14 1915, that I saw h[illegible] alive on April 13 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) N.E.B. Iglehart M. D.

April 14 1915 (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hedgeick Cabell Co. Ind

DATE OF BURIAL, Apr. 16, 1915

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 N Gay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84482 C84482

CERTIFICATE OF DEATH.

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 North Duncan St.; 6 Ward) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Ferdinand Klotzsch

(Residence in Baltimore: No. 5 North Duncan St.; 52 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6—DATE OF BIRTH, March (Month) 9th (Day), 1842 (Year)

7—AGE, 73 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigarmaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Christopher Klotzsch

11—BIRTHPLACE OF FATHER (State or Country). Germany

12—MAIDEN NAME OF MOTHER Sophia Wentzel

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Klotzsch

(Address) 1816 Ruxton St

15—

Filed APR 14 1915. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17— I HEREBY CERTIFY, That I attended deceased from March 9th 191..., to April 12, 1915, that I saw him alive on April 12, 191..., and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Senile Dementia, Atheromatosis, Arteriosclerosis, Bronchitis

about two years (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

Senility (Duration) ...yrs. ...mos. ...ds.

(Signed) E. Burke A. Gonsalves M. D.

April 14, 1915. (Address) 1201 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19—PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, April 15, 1915

20—UNDERTAKER H. Gander Sons ADDRESS 170 Reath

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C84183

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84183

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1100 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Kleinsmith

(Residence in Baltimore: No. 1100 W Lombard St.; 44 yrs., 6 mos. 7 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 6 (Day), 1870 (Year)

7-AGE, 44 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Kleinsmith

(Address) 1100 W. Lombard St.

15- Filed APR 14 1915, 191. MARY O. ANDRAE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1915, to April 12 1916, that I saw him alive on April 12 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Hall M. D.

4-13., 1915. (Address) Int. Prisons

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	April 15, 1915
20-UNDERTAKER	**ADDRESS**
John F. Fields	1200 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84484

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84484

CERTIFICATE OF DEATH.

172

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1827 Frederick Ave ST.; 20 WARD)

2-FULL NAME Annie Mary Sauerwald.

(Residence in Baltimore: No. 1827 Frederick Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Dec. (Month) 29th (Day), 1847 (Year)

7-AGE: 67 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Guthj Karcher

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mc. Mechen

(Address) 1827 Frederick Ave

15- Filed APR 14 1915, 191. MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall down stairs accident

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Injuries of head

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Saml Wamberg (Coroner) M. D.

April 13th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: April 15, 1915

20-UNDERTAKER: Geo. L. Schwab & Bro. — ADDRESS: 2101 Eutaw Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C84485

HEALTH DEPARTMENT—CITY OF BALTIMORE

80

C84485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Edmondson Ave ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Kahn

(Residence in Baltimore: No. 1902 Edmondson Ave St.: 70 yrs., 1 mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 28, 1841
(Month) (Day) (Year)

7-AGE, 74 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dorkum Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dorkum

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Ahrens.

(Address) 1607 Madison Ave.

15- Filed APR 14 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1915, to Apr 14 1915, that I saw h Ealive on Apr 14 1915 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 3 yrs. ....mos.....ds.

CONTRIBUTORY (Secondary) Sclerosis Coronary Arteries (Duration) 3 yrs. ....mos.....ds.

(Signed) Howard Kahn M. D.

Apr 14, 1915 (Address) 1902 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oheb Shalom Cem	April 16, 1915
20-UNDERTAKER	ADDRESS
J Ahrens & Co	1607 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

C84486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x92

C84486

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frederick Engleman

(Residence in Baltimore: No. Glenburnie, Md St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 15, 1910 (Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. 30 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). U.S.A. Md.

PARENTS.

10-NAME OF FATHER, John F. Engleman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary C Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Engelman (Father)

(Address) Glenburnie AA Co Md

15- Filed APR 14 1915, 191... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 11 1915, to Apr 14 1915, that I saw h.... alive on Apr. 14 1915 and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Empyaemia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Edward P. Sweet M. D.

Apr 14, 191.5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Glenburnie Md

Former or usual residence Glenburnie Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	April 16., 1915.
20-UNDERTAKER	ADDRESS.
Armstrong Denny Co	715 Light

Spec.—5-15-13—M. & ...—500 Bks.

84187

HEALTH DEPARTMENT—CITY OF BALTIMORE 64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1279 Battery ave ST.; 2d WARD)

REGISTERED NO. C 84187

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Cuddy

(Residence in Baltimore: No. 1279 Battery ave St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May (Month) 21 (Day), 1834 (Year)

7-AGE, 80 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Sexton at
(b) General nature of industry, business, or establishment in which employed (or employer): Church

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Cuddy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Cuddy (Son)

(Address) 1279 Battery ave

15 APR 14 1915 MARY C. ANDREWS, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 12 1915, that I saw h[illegible] alive on, April 12 1915, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia,
(Apoplectic)
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile debility
(Duration) yrs. 3 mos. ds.

(Signed) J. Francis Flynn M. D.

April 14 1915 (Address) 1508 W. Mt. Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 15, 1915

20-UNDERTAKER P. & M. D. Flynn

ADDRESS 1422 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C84488

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E Federal ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Smoot

(Residence in Baltimore: No. 1415 E Federal St.; 68 yrs., 6 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October 7, 1846 (Month) (Day) (Year)

7-AGE, 68 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Granger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E Smoot

(Address) 1415 E Federal St.

15- APR 14 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11. 1915, to April 13. 1915, that I saw h[illegible] alive on " " 1915, and that death occurred, on the date stated above, at 3.00 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cystitis—Sclerosis

..... (Duration) yrs. mos. ds.

CONTRIBUTORY Pulmonary Oedema

(Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Geo. E. Hartman M. D.

April 14, 1915 (Address) 1121 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, April 16 1915

20-UNDERTAKER Robt J Turner

ADDRESS 1111 W Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C84489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 (C84489)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 N. Luzerne ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Sullivan

(Residence in Baltimore: No. 1433 N. Luzerne St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 18 (Day), 1846 (Year)

7-AGE, 68 yrs. 9 mos. 26 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland Ire

PARENTS.

10-NAME OF FATHER, M. Griffin

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Mary Wagner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Sullivan

(Address) 209 E. Pratt St

15- APR 14 1915 Filed, 191 MARY O ANDREAS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1914, to Apr 13 1915, that I saw her alive on Apr 13 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 7 mos. da.

CONTRIBUTORY (Secondary)

Exhaustion (Duration) yrs. mos. da.

(Signed) H. C. Powers M. D.

Apr 14, 1915. (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, April 15, 1915

20-UNDERTAKER Ruth J. Turner

ADDRESS 1411 N. Broadway

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84490

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 C84490

1-PLACE OF DEATH Presbyterian Home for Women REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Johnston

(Residence in Baltimore: No. 822 N. Carrollton ave St.; ....yrs....mos....ds.)

X

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June (Month) 6th (Day) 1816 (Year)

7-AGE: 98 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Inmate
(b) General nature of industry, business, or establishment in which employed (or employer): Pres. Home for Women

9-BIRTHPLACE (State or country): Unknown

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Johnston

(Address) 1627 W. Franklin St

15- APR 15 1915 Filed ....., 191.... ROBERT . KRAUTH Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 13 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to, Apr 13 1915, that I saw h-- alive on Apr 12 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Duration) 7 yrs. .... mos. 13 ds.

Contributory (SECONDARY) Old Age

.... (Duration) .... yrs. .... mos. .... ds.

(Signed), H. J. Walton M. D.

Apr 14 1915 [Address] 720 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? X

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: April 15, 1915

20-UNDERTAKER: E. M. Underwood ADDRESS: 1606 E. Chase St

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84491

CERTIFICATE OF DEATH.

150

C84491

1-PLACE OF DEATH 1514 E. Lombard Street

CITY OF BALTIMORE: (No. Johns Hopkins Ho ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Heyman

(Residence in Baltimore: No. 1514 E. Lombard St. St.; yrs. 3 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 7 (Day), 1915 (Year)

7-AGE, yrs. 3 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Ellis Heyman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Berbocertz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alan S. Rothbart

(Address) Johns Hopkins Hospital

15- APR 15 1915 Filed....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to April 1915, that I saw him alive on April 14 1915, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Congenital Obliteration of Bile Ducts

(Duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alan S. Rothbart M. D.

April 14, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, April 15, 1915

20-UNDERTAKER Lemmon & Bro — ADDRESS 1507 E Balto

C84492

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C84492

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1105 Parish St.; 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Anderson

(Residence in Baltimore: No. 1105 Parish St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown (Month), (Day), 1878 (Year)

7-AGE: 37 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto - Md

PARENTS

10-NAME OF FATHER: Daniel Watkins

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Stewart

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Watkins (mother)

(Address) 1602 Riggs Ave

15. Filed APR 15 1915, 19..

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 12 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1915, to Apr 12 1915.
that I saw h[illegible] alive on Apr 12, 1915.
and that death occurred, on the date stated above, at 5-40 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) asphyxia

(Duration) yrs. mos. 1 ds.

(Signed) T E Dunglas M. D.

Apr 13, 1915 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery | DATE OF BURIAL: April 15, 1915

20-UNDERTAKER: Robert A. Elliott. | ADDRESS: 506 Rogers Ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84493 — 62 — C84493

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 E Monument St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Wilson

(Residence in Baltimore: No. 1233 E Monument St.; 57 yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 19, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, David Wilson

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Wilson

(Address) 1233 E Monument St

15- Filed APR 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1915, to April 13 1915, that I saw him alive on April 13 1915, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 3 ds.

(Signed) Geo. F. Taylor M. D.

4-14-, 1915. (Address) 1254 N. Bway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery

DATE OF BURIAL, April 16, 1915

20-UNDERTAKER Henry Storck & Son

ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

over

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84194 — 79 (C84194)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1312 Harford Ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G Becker

(Residence in Baltimore: No. 1312 Harford Ave St.; 35 yrs., 7 mos., 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Aug 30th, 1879. (Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Frank P Douglass

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Belesse

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma E. Becker

(Address) 1312 Harford ave

15- APR 15 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) ....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

April 14, 1915 (Address) 1123 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Laundry	apr 16, 19.15
20-UNDERTAKER Henry Hoerle Son	ADDRESS 1301 E Eager

C84495

HEALTH DEPARTMENT—CITY OF BALTIMORE C84495

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pratt & Caroline STS 3 WARD) REGISTERED No. C

2-FULL NAME Edward L. Cooper

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

(Residence in Baltimore: No. 126 N. Dallas St., St.; yrs., Not known mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. mos. ds.	hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed APR 15 1915, 191.. ROBERT J. KRAUTH, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. M. Jones (Coroner.) M. D.

Apr 8, 191.5 (Address) 216 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL APR 16 1915, 19..

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84496

CERTIFICATE OF DEATH.

C84496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 W. Fairmount Ave. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee O'Donavan

(Residence in Baltimore: No. 2534 W. Fairmount Ave St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... Aug (Month) 30 (Day), 186 (Year)

7-AGE, 48 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Paper
(b) General nature of industry, business, or establishment in which employed (or employer) ... Ranger

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas O'Donavan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sousa Clagett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary O'Donavan

(Address) 2534 W. Fairmount Ave

15- Filed APR 15 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

510 N Dremont

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 13 1915, that I saw him alive on April 13 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

... Typhoid Fever

... (Duration) ... yrs. ... mos. 6 ... ds.

CONTRIBUTORY ... (Secondary)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) Robt J. Murray M. D.

April 14, 1915 (Address) 510 N. Dremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 15 1915

UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmt Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84197

CERTIFICATE OF DEATH.

18 C84197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 N Charles ST.; 12 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Crooker (Croker)

(Residence in Baltimore: No. 724 N. Fayette St. St.; about 15 years yrs., mos., ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 23, 1859 (Month) (Day) (Year)

7-AGE, 55 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Transfer Agent

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm Crocker

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L Crocker

(Address) 272 Guilford Ave

15- Filed APR 15 1915 191.. ROBERT KRAUS, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1915, to April 14 1915, that I saw him alive on April 14 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) General Debility

..... (Duration) ....yrs. 3 mos. ....ds.

(Signed) Benj F. Phillips M. D.

April 14, 1915 (Address) 1929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. X mos. 1 X ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 724 N. Fayette St

19-PLACE OF BURIAL OR REMOVAL, New York City DATE OF BURIAL, Sept 21 1915

20-UNDERTAKER J. F. Thompson ADDRESS 1514 Light St

C84498

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84498

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1424 Mc Henry St.: 19 WARD)

2-FULL NAME Louis Noll

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1424 Mc Henry St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June 7 — (Month) (Day), 1878 (Year)

7-AGE: 36 yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clothing Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Noll

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Martha Gesner

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John a. Noll

(Address) 254 N. Arlington ave

15- Filed APR 15 1915 ROBERT . KRAUSE, Burial Permit Clerk, 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April — 14th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25th, 1914, to, Apr. 14 1915, that I saw him alive on April 14th 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probably (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. L. Buckholz M. D.

Apr. 14 — 1915 [Address] 333 S. Gilmor St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Apr 16 1915

20-UNDERTAKER: Harry L. Weitzke — ADDRESS: 1508 Ramsay St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S.—5-15-11—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84499 — 39 — 84499

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Wills

(Residence in Baltimore: No. 1514 Division St St.; ..... yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 23 (Day) 1860 (Year)

7-AGE, ... 54 yrs. 2 mos. 27 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Manufacturing
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (Cigar manufacturer)

9-BIRTHPLACE, (State or Country), Hartford Conn.

PARENTS.

10-NAME OF FATHER, Charles T. Wills

11-BIRTHPLACE OF FATHER (State or Country), Hartford Conn

12-MAIDEN NAME OF MOTHER Eleanor Wright

13-BIRTHPLACE OF MOTHER (State or Country) Hartford Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... P. L. Krug

(Address) ..... Elizabeth

15- ROBERT . KRAUTER, Registrar.

APR 15 1915

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... Feb 17 ..... 1915, to ..... Apr 13 ..... 1915, that I saw him alive on ..... Apr. 13 ..... 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

..... Carcinoma of tongue .....
..... and mouth .....
.....
..... (Duration) .. 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Cachexia .....
..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) ..... Edwin L. Davis ..... M. D.

....., 191... (Address) ..... (Union Protestant Infirmary)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 27 ds. — In the State ..... yrs. 1 mos. 27 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Elizabeth New Jersey

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Elizabeth N. J.	April 17, 1915.
20-UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co	McCulloh & Orchard Sts.

Diagnosis verified by Autopsy & Microscopical section

Spec.—4-24-14—M. & T.—1000 Blks.

C84500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84500

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2511 Barclay ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Short

(Residence in Baltimore: No. 2511 Barcaly St.; 70 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widower

6-DATE OF BIRTH: May 5, 1834 (Month) (Day) (Year)

7-AGE: 80 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): England

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Mary J. Englefield

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Short

(Address) 2334 Barclay St.

15- Filed APR 15 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25th 1915, to April 15th 1915, that I saw h— alive on April 14th 1915, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Pulmonary Congestion

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Stumpf M. D.

April 15th 1915. (Address) 2327 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL, April 17, 1915.

20-UNDERTAKER: Williams & Dorr — ADDRESS 508 E. North Ave

C84501

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84501

CERTIFICATE OF DEATH

103

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1629 Woodhill ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Sampson

(Residence in Baltimore: No. 1629 Woodhill Ave St.; yrs. 63 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH July (Month) (Day) 1851 (Year)

7-AGE 63 yrs. 8 mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER John Nicols

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Amelia Bates

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A. Robertson

(Address) 1628 Woodhill Ave.

15. Filed APR 15 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1915, to April 12 1915; that I saw her alive on April 12, 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Gastritis

4 or 5 days

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Lyell Smith M. D.

April 13, 1915 (Address) 917 E. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peter's Cemetery	April 14 1915

20-UNDERTAKER	ADDRESS
Peter H. Vondrin	1920 Hill St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84502 HEALTH DEPARTMENT—CITY OF BALTIMORE C84502

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Monroe ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlie Patterson

(Residence in Baltimore: No. 929 Monroe St.; ..... yrs., 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 20, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Chas. Patterson

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Eliza Lee

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Eliza Lee

(Address)..... 923 Monroe st

15-

APR 15 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1915, to April 14, 1915, that I saw h.. alive on April 14 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia

..... (Duration)..... yrs..... mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration)..... yrs..... mos..... ds.

(Signed)..... Jno Lee Ellis M. D.

April 14, 1915. (Address) 923 Monroe st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 16, 1915.

20-UNDERTAKER Robert A Elliott — ADDRESS 506 Rogers Ave

C8450 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C8450 3

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 507 Somerset St.: 5th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur and Viola Sheldon's Infant

(Residence in Baltimore: No. 507 Somerset St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Arthur Sheldon

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER, Viola Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Sheldon

(Address) 507 Somerset

15- APR 15 1915 Filed....., 191.... HARRY O. ANDREWS, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition due to Prematurity and Lack of Proper Care

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

Apr. 15, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 15 1915.

20-UNDERTAKER Robert A Elliott ADDRESS 506 Rogers Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84504

CERTIFICATE OF DEATH.

103 C84504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 926 Light St (ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Jane Horton

(Residence in Baltimore: No. 926 Light St St.; 35 yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~; (*Write* the word.) widow

6-DATE OF BIRTH, November 23, 1848
(Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Russell Edwin Horton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Amanda Tolson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Horton

(Address) 52 E. Randall St.

15- Filed APR 15 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 14 1915, that I saw h[illegible] alive on April 14 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. Edw. Smith M. D.

April, 191... (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, April 16, 1915.

20-UNDERTAKER P. & M. G. Flynn

ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84505

CERTIFICATE OF DEATH.

45 C84505

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Cloney ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Geiser

(Residence in Baltimore: No. 841 Cloney St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, March 26, 1837 (Month) (Day) (Year)

7-AGE, 78 yrs. mos. 21 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Geiser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Geiser

(Address) 841 Cloney St.

15-

Filed APR 16 1915 ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 14, 1915, that I saw him alive on April 13 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

No operation

Duration: One yr. mos. ds.

CONTRIBUTORY (Secondary) Senile old age

(Duration) yrs. mos. ds.

(Signed) Jas. Lee Lynch M. D.

April 15 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 16 1915

20-UNDERTAKER Leo Rinn Lucke & Sons — ADDRESS 647 W. Baltimore St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84506

C84506

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Harlem Ave St.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Kothe

(Residence in Baltimore: No. 836 Harlem Ave. St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 7 (Month) (Day), 1841 (Year)

7-AGE, 73 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, George Kothe

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Kothe

(Address) 836 Harlem Ave

15- Filed APR 16 1915, 191. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1914, to April 14 1915, that I saw her alive on April 14 1915, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) ? yrs. 5 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. T. Kemp M. D.

Apr 14, 1915. (Address) 8 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, Apr 16, 1915

20-UNDERTAKER Mr + Mrs Jno W Kempfel

ADDRESS 501 W. Fayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84507

C84507

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Hanover St.; 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bush

(Residence in Baltimore: No. 932 Hanover St.; abt 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Apr. (Month) 24, (Day) 1840 (Year)

7-AGE, 74 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Bush

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry Mayers

(Address) 932 E. Hanover St.

15- Filed APR 16 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 11 1915, to Apr. 14 1915, that I saw h[illegible] alive on Apr. 14 1915, and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Mayers M. D.

Apr. 15 1915 (Address) 932 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Oak Lawn Cemtery	April 17 1915
20-UNDERTAKER	ADDRESS
F. A. Krauser	703 Hanover

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84508 — 109 C84508

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Myers

(Residence in Baltimore: No. 5. N. Exeter St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, Apr. (Month) 6 (Day), 1915 (Year)

7-AGE, ...yrs.....mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Catherine Myers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Phillis Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. B. Curry

(Address) J. H. Hosp.

15- Filed APR 16 1915, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1915, to Apr 13 1915, that I saw him alive on Apr 13 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Intestinal Obstruction

..... (Duration).....yrs.....mos...6..ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Alma S. Kolthoff .....M. D.

Apr. 13, 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 7 ds. In the State.....yrs.....mos. 7 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 5 N Exeter St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	APR 15 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-12

COPY OF RECORD FILED IN OFFICE OF VITAL STATISTICS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84509) 91 (84509)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 501 Mosher ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jefferson

(Residence in Baltimore: No. 501 Mosher St St.; 60 yrs.. mos. ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Feby 10 ....., 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Donald Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah McGowan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Little

(Address) 501 Mosher St

15- Filed APR 16 1915 In ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 15 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 15 1915, that I saw h.. alive on April 15 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Asthenia Senilis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. Hautzee M. D.

April 16 1915 (Address) 544 S. Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cem. DATE OF BURIAL, April 17, 1915

20-UNDERTAKER Harry W. Ebden ADDRESS 1900 W. North Ave

KODAK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(84510)

90 (84510)

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 130 S. Mount ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Christie

(Residence in Baltimore: No. 130 S Mount St.: 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
female	wht	single

6-DATE OF BIRTH: aug 16, 1828 (Month) (Day) (Year)

7-AGE: 36 yrs. 8 mos. 29 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Scotland

PARENTS

10-NAME OF FATHER: Alexander Christie

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Elizabeth Freeman

13-BIRTHPLACE OF MOTHER (State or country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Wright

(Address) 130 S Mount

15-Filed APR 16 1915, 191

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1914, to, Apr 15 1915, that I saw her alive on Apr 10, 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Senility

6 (Duration) 6 yrs. ... mos. ... ds

Contributory (SECONDARY) Chronic Bronchitis

(Duration) 2 yrs. ... mos. ... ds.

(Signed), G Lane Tanyhill M. D.

Apr 15, 1915 (Address) 1103 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: April 17, 1915

20-UNDERTAKER: J R Brooks | ADDRESS: 1002 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 84511

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Alto Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Cruse

(Residence in Baltimore: No. 3409 Alto Ave St.; 70 yrs., 8 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, May (Month) 8 (Day) 1844 (Year)

7-AGE.	If LESS than 1 day,
70 yrs. 8 mos. 5 ds.	....hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. William Austin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Susanna White

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar E. Cruse

(Address) 3409 Alto Ave

15- Filed APR 16 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1914, to April 13 1915, that I saw her alive on April 12 1915, and that death occurred, on the date stated above, at 1.40 Pm.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplectic)

(Duration) yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) Edw Grandstaff M. D.

April 14 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Apr. 16, 1915
20-UNDERTAKER Jos. B. Cook	ADDRESS 1003 W Baltimore St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84512

CERTIFICATE OF DEATH.

C84512

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1143 Aisquith St., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Hollis (Hollie)

(Residence in Baltimore: No. 1143 Aisquith St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1861 (Year)

7-AGE, 53 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), St. Marys Co. Md

PARENTS.

10-NAME OF FATHER, Sam'l Hollis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Celesta Rayner

13-BIRTHPLACE OF MOTHER (State or Conntry), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Catherine Hollis

(Address) 1143 Aisquith

15- APR 16 1915 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 15 1915, that I saw him alive on April 15 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

4 hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 2d attack of apoplexy

½ yrs ago (Duration) ....yrs. ....mos. ....ds.

(Signed) Samuel A. Bond M. D.

April 16 1915. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Gn

DATE OF BURIAL, April 19, 1915

UNDERTAKER Evans & Lunsford

ADDRESS 1314 Mary

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(84513) 5 10 (84513)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 621 N. Bethel ST.: N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Zacada (Zasada)

(Residence in Baltimore: No. 62 N. Bethel St.; yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 9th (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Zacada

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Josephine Rychowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Zacada

(Address) 621 N. Bethel St.

15- Filed APR 16 1915 ROBERT . KRAUTER, 15- Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tachitis (Diarrhoea)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. W. Jones M. D. (Coroner.)

Apr. 15, 1915. (Address) 316 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rozary — DATE OF BURIAL, April 16, 1915

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 S Bond St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84514

CERTIFICATE OF DEATH.

× 54 (84514

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Staumbaugh

(Residence ~~in Baltimore~~ No. Woodsboro Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 31, 1871 (Month) (Day) (Year)

7-AGE, 44 yrs. — mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Lighting Plant

9-BIRTHPLACE, (State or Country), Woodsboro md

PARENTS.

10-NAME OF FATHER, Rev J E. Staumbaugh

11-BIRTHPLACE OF FATHER (State or Country) Frederick md

12-MAIDEN NAME OF MOTHER Isabel Smith

13-BIRTHPLACE OF MOTHER (State or Country) Woodsboro md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F M. Staumbaugh

(Address) Woodsboro Md

15- Filed APR 16 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9, 1915, to Apr. 16 1915, that I saw him alive on Apr. 16 1915, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Epithelial Pernicious Anemia 8 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure (Duration) yrs. 3 mos. ds.

(Signed) C. F. Wood M. D.

191... (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Woodsboro Md

Former or usual residence Woodsboro Md

19-PLACE OF BURIAL OR REMOVAL, Woodsboro Md. DATE OF BURIAL, APR 16 1915

20-UNDERTAKER C F Evans ADDRESS 118 W mt Roy'd

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 79

C84515

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Steamer Joppa 10 Light St ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Major Bennett

(Residence in Baltimore: No. 1623 Druid Hill Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1870 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 9 mos. 11 ds.	...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Carles Bennett

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bennett

(Address) 1623 Druid Hill Ave

15- Filed APR 16 1915, 19... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 19[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease Of Heart

(Duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

April 14, 1915. (Address) r517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	April 19 15
20-UNDERTAKER George H. Holland	ADDRESS 517 Robert St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84516) (84516)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 6 REGISTERED NO. C 120

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Austin Councilman

(Residence in Baltimore: No. Glyndon Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb. 14, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pikesville, Md

PARENTS.

10-NAME OF FATHER, John T. Councilman

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Christiana Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. A. Councilman

(Address) Glyndon Md.

15- Filed APR 16 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 16 1915, that I saw him alive on April 15 1915, and that death occurred, on the date stated above, at 4.35 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) C. C. Edema & Dropsy.

(Duration) ..... yrs. 6 mos. 1 ds.

(Signed) Dana Reichard M. D.

April 16, 1915 (Address) C. H. & I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? In Baltimore

Former or usual residence Maryland (Glyndon)

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Spring Ridge Cemetery	April 18, 1915
20-UNDERTAKER	ADDRESS
H. E. Hughes	17 Broadway

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84517 — 28 — C84517

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Harlem Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cloud Isaacs.

(Residence in Baltimore: No. 923 Harlem Ave. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single.

6-DATE OF BIRTH, October (Month) 8th. (Day), 1869 (Year)

7-AGE, 45 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Columbus C. Isaacs.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Anna B. Rodgers.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mammie M. Isaacs.

(Address) 923 Harlem Ave.

15- Filed APR 16 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1906, to April 15 1915, that I saw her alive on April 13 1915, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Interstitialis

(Duration) 8 (8) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Kemp M. D.

April 15, 1915 (Address) 1425 Eutaw P.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery.	April, 17 1915.
20-UNDERTAKER	ADDRESS
Stewart & Mowen Co.	108 W. North Av

MAIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84518

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C84518

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 W Lexington St.; St.: 18 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena H Paglenberg

(Residence in Baltimore: No. 917 W Lexington St St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: June (Month) 7 (Day), 1840 (Year)

7-AGE: 74 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: — Kaiser

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lena Paglenberg

(Address) 917 W Lexington

15-
Filed APR 16 1915, 191 ROBERT . KRAUTER, Burial Permit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9, 1915, to Apr 15 1915, that I saw h[illegible] alive on Apr 15 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia (Apoplexy)

(Duration) yrs mos. 3 ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs mos. 2 ds.

(Signed), Wm L. Destafa M. D.

Apr 16, 1915. [Address] 1038 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: April 18, 1915

20-UNDERTAKER: George A Farley

ADDRESS: Fulton near Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN 1" SE[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

Jernicia Deenbey

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84519) 64 (84519)

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 Mosher ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Jernicia Deenbey

Residence in Baltimore: No. 639 Mosher St., St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fe	Colored	Married

DATE OF BIRTH, Dec 14, 1854 (Month) (Day) (Year)

7-AGE ....60....yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Dixon

(Address) 639 Mosher St

15- Filed APR 16 1915 ROBERT . KRAUTH Registrar. By Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 15 1915, that I saw h.. alive on April 15 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas F Cauter M. D.

April 15 191.. (Address) 540 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	April 18, 1915
20-UNDERTAKER John H. Owens	ADDRESS 1222 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8529

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C8529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1531 Bareley St ST.: 17th WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sola May Washington

(Residence in Baltimore: No. 1531 Bareley St.

St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored	Child

6-DATE OF BIRTH, October (Month) 7 (Day), 1913. (Year)

7-AGE, 1 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Washington

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Washington

(Address) 1531 Bareley St

15- APR 16 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14 (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) .....yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) .....yrs. .....mos. .....ds.

(Signed) Thos. H. Saunders M. D. (Coroner.)

April 15, 191.5 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cmtry	April 16, 19.15
20-UNDERTAKER John Towers	ADDRESS 1322 Division St

C84521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 C84521

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 739 Wilmer alley, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Parkes,

(Residence in Baltimore: No. 739 Wilmer alley, St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ... June (Month) 18th (Day), 1884. (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 9 mos. 27 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Jesse Parkes,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Henrietta Webster,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Schey, sister,

(Address) 1304 N. Stricker street.

15- Filed APR 16 1915 HARRY O. ANDREWS, 191.. Burial Permit Clark. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy and inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

Lobar pneumonia,

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) F. Roderick Tempel, M. D. (Coroner.)

April 15 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetary	April 16, 1915
20-UNDERTAKER Walter Deane	ADDRESS 918 Myrtle Ave

R. B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(84522

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9r 84522

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2733 Eastern Av St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Kirby

(Residence in Baltimore: No. 2733 Eastern Av St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH Nov (Month) 25 (Day) 1844 (Year)

7-AGE 70 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Andrew Kirby

11-BIRTHPLACE OF FATHER (State or country) Kentucky

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or country) Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary E. Kirby

(Address) 2733 Eastern Ave

APR 16 1915 Filed ....., 191

HARRY O. ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9, 1915, to, April 14 1915, that I saw h— alive on April 14 1915, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 5 mos. 5 ds.

Contributory (SECONDARY) Rheumatism

(Duration) — yrs. — mos. — ds.

(Signed) C E Long M. D.

4/16, 191 5 [Address] 270 Cathedral

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Greenmount Cemetery DATE OF BURIAL April 16, 1915

20-UNDERTAKER John A Moran ADDRESS Bank & Aisquith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Henrietta Ford

C84523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84523

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 765 Dover ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Ford

(Residence in Baltimore: No. 765 Dover St.; 32 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ~~August 1877~~ December (Month) ..... (Day) 1883 (Year)

7-AGE 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Jonas Ford.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Henrietta Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johnnie Brown

(Address) 2111 W. Fayette St.

15- Filed APR 17 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 15 1915, that I saw h[illegible] alive on April 14 1915, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ellis M. D.

April 15, 1915 (Address) 924 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, April 17, 1915

20-UNDERTAKER, Samuel T. Kemsley

ADDRESS 5 & N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84524 10 C84524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Cooper

(Residence in Baltimore: No. 525 N. Hoffman St.; 44 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write the word.*) Widow

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1865 (Year)

7-AGE, 50 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Cook

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Carroll

(Address) 525 N. Hoffman

15- FILED APR 17 1915, 191... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to Apr 15 1915, that I saw her alive on Apr 15 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

..... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ... yrs. ... mos. 8 ds.

(Signed) D. Braudbroft M. D.

April 15, 1915. (Address) 3540 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 525 N. Hoffman St

Former or usual residence " " " "

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. Harford Md

DATE OF BURIAL, 4.19., 1915

20-UNDERTAKER Paul F. Kenney

ADDRESS 578 N. Bdde

C84525 HEALTH DEPARTMENT---CITY OF BALTIMORE 151 C84525

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. St. Elizabeth Home 24 ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Hill

(Residence in Baltimore: No. Same St.; ..... yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Femal

4-COLOR OR RACE: colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Saigle

6-DATE OF BIRTH: Nov (Month) 11 (Day), 1914 (Year)

7-AGE: ..... yrs. 4 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Wm Henson

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Anna Hill

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

APR 17 1915 Filed ....., 191 HARRY O. ANDERSON Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1915, to, Apr 15 1915, that I saw h[illegible] alive on Apr 14 1915, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Alimentary decomposition
(severe malnutrition)

..... (Duration) ..... yrs. wks. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar S. Friedenwald M. D.

Apr 17 1915 [Address] 616 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 1 mos 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? before admission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: APR 16 1915

ADDRESS

Commissioner of Health,
For Wm. S. WORDALL

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84526 HEALTH DEPARTMENT—CITY OF BALTIMORE C84526

CERTIFICATE OF DEATH. 83

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Halmemann Gen. Hosp. 16 WARD)

REGISTERED NO. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Salmon

(Residence in Baltimore: No. Glen & Spring Ave. Belair Rd. St. 37 yrs. 3 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 10 (Month) (Day), 1878 (Year)

7-AGE, 37 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob J Levis

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Elizabeth Leister

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Salmon

(Address) Belgravia Md.

15- APR 17 19 HARRY C. ANDREAE

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/21 1915, to 4/14 1915, that I saw her alive on 4/14 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus.

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Phlebitis Right Femoral Vein (Duration)...yrs. mos. 13 ds.

(Signed) Fred W. Dorsey M. D.

4/14, 1915 (Address) 2020 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 27 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Glen and Spring Ave

Former or usual residence Glen and Spring Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, April 17, 1915

20-UNDERTAKER W. Maurice Roulson

ADDRESS 230 N Greene

C84527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84527

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 Briscoe St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella V Gouker (Estella V Gouker)

(Residence in Baltimore: No. 1213 Briscoe St

St. 33 yrs., 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 6 (Day), 1881 (Year)

7-AGE,	If LESS than 1 day,
33 yrs. 10 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas B Lathe

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah E Zepp

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Gouker

(Address) 1213 Briscoe St

15. Filed APR 17 1915, 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Edw Leupt (Coroner.) M. D.

April 14 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Mt Olivet	Apr 17 1915

20-UNDERTAKER Wm Cook ADDRESS 502 E Hoffman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84528 C84528

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1831 Edmondson St.; 29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Reynolds

(Residence in Baltimore: No. 1831 Edmondson St.; 79 yrs., 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August (Month) 7 (Day), 1835 (Year)

7-AGE 79 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Thomas Reynolds

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Alice Lyman

13-BIRTHPLACE OF MOTHER (State or Country), N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian L. Reynolds

(Address) 1831 Edmondson Ave

15-
Filed APR 17 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 1915, to April 14 1915, that I saw him alive on April 14 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(Duration) 3 yrs. — mos. — ds.

(Signed) Alex. T. Von Schrader M. D.

April 14, 1915. (Address) 1816 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, 4/17, 1915

20-UNDERTAKER Thomas Cook — ADDRESS 507 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

084529 — 1PLACE OF DEATH

54 084529 — REGISTERED No. C .....

CITY OF BALTIMORE (No. 908 S. Kenwood Ave ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Matilda Redman

(Residence in Baltimore: No. 908 S. Kenwood Ave St.: 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 13, 1879 (Month) (Day) (Year)

7-AGE: 36 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frederick Mundt

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Justine Kleuschmidt

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adolph E. Marburger

(Address) 968 S. Kenwood Ave

15. Filed APR 17 1915, 191 — HARRY O. ANDRESS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1914 to April 13 1915, that I saw her alive on April 13, 1915, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo Kaltenbach M.D. M. D.

4/15, 1915. (Address) 1116 S. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Schmaltz — DATE OF BURIAL: April 17, 1915

20-UNDERTAKER: Howe Bros — ADDRESS: 607 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84530 C84530

CERTIFICATE OF DEATH.

19 Md 6541

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Lansing ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte C. Miller.

(Residence in Baltimore: No. 1709 Lansing St. ; 1 yrs., 4 mos. ds.)

CAUSE OF DEATH to be properly classified. Each statement of OCCUPATION important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 19 (Month) (Day), 1913 (Year)

7-AGE, 1 yrs. 4 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm E. Miller.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Myra Griffin.

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte C. Miller.

(Address) 818 W. Lanvale

15- APR 17 1915 HARRY O. ANDREWS,
Filed....., 19.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1915, to Apr 15 1915, that I saw h.. alive on Apr 15 1915, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Intest Obstruction

Regurgitation Sine qua

(Duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Taylor M. D.

Apr 15, 1915. (Address) 1926 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, April 17, 1915

20-UNDERTAKER Wm Cook | ADDRESS 522 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084531 — 92 084531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Compton ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Rather

(Residence in Baltimore: No. 1025 Compton St.; 63 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Aug 13, 1843 (Month) (Day) (Year)

7-AGE, 71 yrs. 8 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Rather

(Address) 1025 Compton St

15- Filed APR 17 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 14 1915, that I saw her alive on April 14 1915, and that death occurred, on the date stated above, at 10.55 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Jas. A. O. Bonsell M. D.

April 15 1915. (Address) 107 E. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem.	4-17, 1915
20-UNDERTAKER: E. B. Hale	ADDRESS: 115 E. West St

084532

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

084532

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1640 Abbot ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund S. Hunt

(Residence in Baltimore: No. 1640 Abbot St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH October 30 (Day) 1910 (Year) (Month)

7-AGE 4 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Balto City

PARENTS

10-NAME OF FATHER Clemment M. Hunt

11-BIRTHPLACE OF FATHER (State or country) Balto City

12-MAIDEN NAME OF MOTHER Anna F Thomas

13-BIRTHPLACE OF MOTHER (State or country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna F Hunt

(Address) 1640 Abbot St

15. APR 17 1915. HARRY O. ANDREWS, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 16 (Month) (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1915, to, April 16, 1915, that I saw h... alive on April 16 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Dr. Patterson

(Duration) ... yrs ... mos. 3 ds.

Contributory (SECONDARY) Convulsions

(Duration) ... yrs ... mos. 6 hours

(Signed) Chas B. Taylor M. D.

April 16, 1915 [Address] 838 4 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore [illegible] County	April 17, 1915
20-UNDERTAKER	ADDRESS
Henry Hong Son	1309 E Eager St

10 A M

N. B.—Every item should be carefully considered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84533

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C84533

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2424 Linden Ave St.; 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Shamer

(Residence in Baltimore: No. 2424 Linden Ave St.; 56 yrs. — mos. 27 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 19th, 1859 (Month) (Day) (Year)

7-AGE: 56 yrs. — mos. 27 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Wm. L. Robinson

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Emma M. Buck

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. L. Shamer

(Address) 2424 Linden Ave.

15- Filed APR 17 1915 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 15 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20" 1914, to April 15 1915, that I saw h.. alive on April 15 1915, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 7 yrs. — mos. — ds

Contributory (SECONDARY) Broncho-pneumonia,

(Duration) .... yrs. .... mos. 15 ds.

(Signed) A. F. Robinson M. D.

April 16" 1915 (Address) 141 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: April 1915

20-UNDERTAKER: J. W. Sauerhaft | ADDRESS: 611 N. North Ave

Spec—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084534

CERTIFICATE OF DEATH.

45 084534

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A. Ruley

Residence in Baltimore: No. 1911 E. Fayette

St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Feb. (Month) 28 (Day), 1845 (Year)

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Stephen Marshall

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Matilda Sinclair

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Gertrude Ruley

(Address) 1911 E. Fayette

15- Filed APR 17 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH to be filled in by Physician only. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1914, to April 14 1915, that I saw her alive on April 13 1915, and that death occurred, on the date stated above, at 3.05 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pleura

No of P. M. made by C.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. 7 mos. ds.

(Signed) M. D.

April 1915 (Address) 1906 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, April 18 1915.

20-UNDERTAKER J. J. Herr 1914 E. Fayette — ADDRESS

Spec.—5-19-13—M. & T.—500 Bks.

C84535

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 C84535

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 Dolphin ST.; 17 WARD)

2-FULL NAME Carrie Ella Weaver

(Residence in Baltimore: No. 746 Dolphin St.; —yrs., 8 mos. 13 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow

6-DATE OF BIRTH, July 10, 1861.
(Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Stafford Co Virginia

PARENTS.

10-NAME OF FATHER, George Wm Kendall

11-BIRTHPLACE OF FATHER (State or Country), Stafford Co Va.

12-MAIDEN NAME OF MOTHER, Josephine Lillian Eustace

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W. Weaver

(Address) Galveston Va

15- Filed APR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 - 1915, to April 16 - 1915, that I saw her alive on April 16 - 1915, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(about)

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) R Burwell Fargo M. D.

April 16, 1915 (Address) 746 Dolphin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Galveston Va.	April 18, 1915.
20-UNDERTAKER	ADDRESS
H. Maund Routzon	230 N. Green

Cause of death may be typewritten or filled in with pen and ink or indelible pencil. Do not use lead pencil. All items must be answered or the certificate will be returned for completion. Physicians are required to report cases of death at once to the Health Department. Omission to do so is punishable by fine. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

084536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 108 084536

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)
REGISTERED No. C ...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Hoogmis Engelhardt. C.S.S.R

(Residence in Baltimore: No. Seton Keidt Parish St.; ...yrs., ...mos. ...ds.)
Fourth & Third - Highlandtown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1868 (Year)

7-AGE, 46 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Missionary Priest
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Engelhardt.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Yaekel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record of Father

(Address) ...

15- Filed APR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 16 1915, that I saw h[im] alive on April 16 1915, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

(a) ...
Pneumonia Appendicitis
...
(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes & Chr. Nephritis
(Duration) ...yrs. ...mos. 2 months ds.

(Signed) Wm F Enright M. D.

April 16, 1915. (Address) St Js Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 4 ds. In the State 47 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? At Sacred Heart Church

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, New York City N.Y.

DATE OF BURIAL, Apr. 19, 1915

20-UNDERTAKER Henry Houck Son

ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84537 64 C84537

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E Federal ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Hall

(Residence in Baltimore: No. 1617 E Federal St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 24, 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Hall

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Adelia A. Hall

(Address) 1617 E Federal St.

15- Filed APR 17 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 16 1915, that I saw h[illegible] alive on April 16 1915, and that death occurred, on the date stated above, at 8.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 5 ds.

(Signed) William Traser M. D.

April 16 1915 (Address) 1401 Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 19 1915

20-UNDERTAKER Henry Houck Son — ADDRESS 130 E Eager St

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84538

CERTIFICATE OF DEATH.

50 C84538

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Elm ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Pearce

(Residence in Baltimore: No. 3629 Elm ave St.; ....yrs.,....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Apr 28, 1858.
(Month) (Day) (Year)

7-AGE 56 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Stafford Co Md

PARENTS.

10-NAME OF FATHER, B. Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wally Pearce

(Address) 3629 Elm Av

15- Filed APR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 16, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1915, to Apr 15 1915, that I saw her alive on Apr 15 1915, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Woudrenburd M. D.

Apr 16, 1915. (Address) 846 W 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge | DATE OF BURIAL, Apr 19, 1915

20-UNDERTAKER A. S. Marshall | ADDRESS 3539 Falls Rd.

important. See instructions on back of certificate.

684539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 684539
REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 25 N. Catherine ST.: 17 WARD)
2-FULL NAME Charles W. Rhodes
(Residence in Baltimore: No. 1707 W. Lafayette Ave St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 28 (Day), 1852 (Year)

7-AGE, 63 yrs. 2 mos. 15 dys. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Rhodes
11-BIRTHPLACE OF FATHER (State or Country), England
12-MAIDEN NAME OF MOTHER Sophia White
13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Rhodes
(Address) 1707 W. Lafayette Ave

15- APR 17 1915 ROBERT F KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Saml Wesmore (Coroner) M. D.

April 16th 1915. (Address) 302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Apr 17, 1915
20-UNDERTAKER	ADDRESS
Wm J Tuckwell Sons	North & Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84540

CERTIFICATE OF DEATH.

119

C84540

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Parkwood Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Vasa-Everitt

(Residence in Baltimore: No. 2921 Parkwood Ave St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Mar. (Month) 15 (Day), 1872 (Year)

7-AGE, 73 yrs. 0 mos. 30 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Ross Towns

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sabina Emerson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Everitt

(Address) 2921 Parkwood Ave

15. APR 17 1915 Filed....., 191.... HOLLEY . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to April 14 1915, that I saw h[illegible] alive on April 14 1915, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute Intestinal

Nephritis (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY Adenitis (Secondary)

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) John A. Chase M. D.

....., 191... (Address) 101 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 17, 1915

20-UNDERTAKER W. J. Palmer & Bro

ADDRESS Lemmon Bldg

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84541 — 92 — 84541

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kleckner

(Residence in Baltimore: No. 502 S. Durham St. St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: August 12, 1855 (Month) (Day) (Year)

7-AGE: 59 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pa.

PARENTS.

10-NAME OF FATHER: John Kleckner

11-BIRTHPLACE OF FATHER (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Margaret Pfeiffer

13-BIRTHPLACE OF MOTHER (State or Country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): A. J. Bowers

(Address): 1 E. Hoff

15-

Filed. APR 17 1915 ROBERT . KRAUTER, Registrar.

Burial Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 1915, to Apr 14 1915, that I saw him alive on Apr 14 1915, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Stanhope Bayne-Jones M. D.

April 15, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 502 S. Durham St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, April 16, 1915.

20-UNDERTAKER H. Vander Sons — ADDRESS 120 Reed St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84542

CERTIFICATE OF DEATH.

gr C84542

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1634 W Carolina St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Sapp

(Residence in Baltimore: No. 1634 W Carolina St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Covington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Wells

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Sapp

(Address) 1634 W Carolina St

15- APR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1915, to April 16 1915, that I saw h[illegible] alive on April 15 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

Harvey D. Beck (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harvey D Beck M. D.

April 16 1915. (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 1 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 17, 1915

20-UNDERTAKER Will Cook — ADDRESS 1032 W Lex

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084543

CERTIFICATE OF DEATH.

10 084543

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2301 Hunter ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Johnson

(Residence in Baltimore: No. 2301 Hunter St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1837 (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Philip Blake

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Crockett

(Address) 2301 Hunter St

15-Filed APR 17 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 16 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch. 20 1915, to Apr 16 1915, that I saw h[er] alive on Apr 16 1915, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Cute Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) La Grippe (Duration) 3rd mo. 10 ds.

(Signed) J. R. Garland Ahrens M. D.

Apr. 16, 1915. (Address) 424 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westminster Md. DATE OF BURIAL, Apr. 19, 1915.

20-UNDERTAKER Lee H. Holland ADDRESS 517 Robert St.

U.S. ARMY

C84544

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84544

REGISTERED No. C [illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2112 Barclay St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Duggan

(Residence in Baltimore: No. 2112 Barclay St. 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. 6, 1837 (Month) (Day) (Year)

7-AGE: 78 yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Edward Duggan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bridget Duggan

(Address) 2112 Barclay St

15 Filed APR 17 1915 ROBERT . BRUTON, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1915, to April 16, 1915, that I saw h[illegible] alive on April 15, 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Senile debility - Marasmus

(Simple)

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm A.D. Tillman M. D.

April 16, 1915. (Address) 5 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: April 19, 1915

20-UNDERTAKER: Geo M. Funk

ADDRESS: 811 Druid

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 gr C84545

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. Eager ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Fisher

(Residence in Baltimore: No. 2038 E. Eager St.; 35 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 10, 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank J. Fisher Sr.

11-BIRTHPLACE OF FATHER (State or Country), Bohemia.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Fisher

(Address) 2038 E. Eager St.

15- APR 17 1915 Filed ..., 191.. ROBERT . KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 15 1915, that I saw h[illegible] alive on April 15 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 da.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. ... da.

(Signed) Melvin J. Kyser M. D.

4-16, 191.. (Address) 1200 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Hill Cem	April 19 191.5
20-UNDERTAKER Geo M. Frank	ADDRESS 811 N Wolfe

important. See instructions on back of certificate.

C84546 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C84546

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Patterson Park Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine V. Burns

(Residence in Baltimore: No. 523 N. Patterson Park Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Nov. (Month) 24 (Day) 1852 (Year)

7-AGE 62 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Philip Hossen

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Hossen

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Patrick H. Burns

(Address) 523 N Patterson Park Ave

15- Filed APR 17 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 15th, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1915 to Apr. 15 1915 that I saw h.. alive on Apr. 14 1915 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver (Clinical Diagnosis)

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Schmitz M. D.

Apr. 16 1915 [Address] 70 E. Redwood

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 19 1915

20-UNDERTAKER: Geo. M. Funk ADDRESS: 811 N. Wolfe

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

684547

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

684547

1-PLACE OF DEATH: U.S. Marine Hospital 34

REGISTERED NO. C

CITY OF BALTIMORE: (No U.S. Marine Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Anderson

(Residence in Baltimore: No. U.S. Marine Hospital St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) (Day) 1864 (Year)

7-AGE: 51 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Steward

9-BIRTHPLACE (State or country): Alabama

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) This Statement on admission to hospital. (Address)

Filed APR 17 1915

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 16 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1914, to April 16 1915, that I saw him alive on April 16 1915, and that death occurred, on the date stated above, at 4a.m.

The CAUSE OF DEATH* was as follows:

Tubercle of Kidney

(Duration) mths yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Chas. Woge, M. D.

April 16, 1915 [Address] U.S. Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 5 mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Apl 17 1915

20-UNDERTAKER: H E Stafford

ADDRESS: 17 Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84548
1PLACE OF DEATH

CERTIFICATE OF DEATH

78

C84548
REGISTERED No. C

CITY OF BALTIMORE (No. 2939 Huntingdon ave. St.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen K Kearney.

(Residence in Baltimore: No. 2939 Huntingdon ave St.; 14 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	white	Single

6-DATE OF BIRTH: Apr 8, 1901 (Month) (Day) (Year)

7-AGE: 14 yrs. 0 mos. 7 ds. If LESS than 1 day hrs. or min.? X

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School girl.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John Kearney.
11-BIRTHPLACE OF FATHER (State or country): Ireland.
12-MAIDEN NAME OF MOTHER: Bridget Noon
13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Kearney

(Address) 2939 Huntingdon ave

15 APR 17 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr 15, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1914, to Apr 15 1915, that I saw h[illegible] alive on Apr 15 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) — yrs. 5 mos. ds

Contributory (SECONDARY) X

(Duration) yrs. mos. ds.

(Signed) John E. O'Neill M. D.

Apr 16 1915 (Address) 2509 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 4 19 1915

20-UNDERTAKER: H. C Browning Son — ADDRESS 617 N Schroeder st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84549 **CERTIFICATE OF DEATH.** 1491 C84549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Bond

(Residence in Baltimore: No. 2128 Morris St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Mar 14, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. 1 mos. 1 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo Bond

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Conrad

(Address) J. H. Hosp.

15- Filed APR 17 1915 191 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1915, to Apr 15 1915, that I saw her alive on Apr 15 1915 and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Streptococcus septicaemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

(Signed) A S Rothbok M. D.

Apr 16, 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 2128 Morris St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL — DATE OF BURIAL, APR 16 1915

20-UNDERTAKER Commissioner Health. — ADDRESS

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84550 C84550

CERTIFICATE OF DEATH.

REGISTERED No. C 479

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Leary

(Residence in Baltimore: No. 154 N. Gay St. St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Dec 27, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dennis Leary

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hearn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15- Filed APR 17 1915 ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16th, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1915, to Apr. 16 1915, that I saw h[illegible] alive on Apr. 16 1915, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

1a. Myocarditis

(Duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Apr. 17, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? 154 N. Gay St

Former or usual residence 154 N. Gay St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond Va	4/18/1915

20-UNDERTAKER Jas. A. Farley Fulton Ave Roanoke Va ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84551 C84551

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 N. Carrollton Av ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Algie Hosey (Algie Hosey)

(Residence in Baltimore: No. 1002 N. Carrollton av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 3, 1877.
(Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter in
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Hosey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nat Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Hosey

(Address) 1002 N Carrollton av

15- Filed APR 17 1915 19.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 15 1915, that I saw him alive on April 15th 1915, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Samuel A Doub M. D.

April 15 1915 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Marion Sommerset Co. Md — DATE OF BURIAL, April 18, 1915.

20-UNDERTAKER Sam. W. Chase & Son — ADDRESS 1100 Mosher

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Lucile McDonald.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84532

CERTIFICATE OF DEATH.

105 C84552

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucile McDonald

(Residence in Baltimore: No. 1710 Division St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, unknown, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Wm McDonald

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Mosley

(Address) 711 Dunbar St

15- APR 18 1915 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 16, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-12- 1915, to 4-16- 1915, that I saw h Er alive on " 1915, and that death occurred, on the date stated above, at 12.30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis

X (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Low vitality, debility

(Duration) yrs. mos. ds.

(Signed) F. N. Gardner M. D.

4-17-, 1915. (Address) 1524 Hill ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery DATE OF BURIAL, 19 1915.

20-UNDERTAKER Alfred Freeland ADDRESS 1144 Druid

important. See instructions on back of certificate.

C84553

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84553

CERTIFICATE OF DEATH.

130

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 Born Alley ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Blackson

(Residence in Baltimore: No. 1108 Born Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1861. (Year)

7-AGE, 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Hillard

(Address) 1108 Born Alley

15- Filed APR 18 1915 ROBERT F. KRAUTER, Burial Permit Clerk. 19.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15th (Day); 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sam'l Kemp M. D. (Coroner)

April 16th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lambill Md DATE OF BURIAL, Apr. 18, 1915.

20-UNDERTAKER Wm Rickert & Son ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information required is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84554

CERTIFICATE OF DEATH.

91 C84554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Flay

(Residence in Baltimore: No. 625 N. Bond St. St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1868 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Presser
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Manual Flay

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. B. Curry

(Address) J. H. Hosp.

15- APR 18 1915 Filed, 191 ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9 1915, to Apr 16 1915, that I saw h[illegible] alive on Apr 16 1915, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis & Insufficiency

(Duration) 6 yrs. mos. ds.

(Signed) Stanhope Bayne-Jones M. D.

Apr. 16 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 625 N. Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 4/18, 1915

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Balto

important. See instructions on back of certificate.

Catherine Reithlingshafer

C84555 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84555

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 N Glover ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Reithlingshafer

(Residence in Baltimore: No. 20 N Glover St.; yrs. 60 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 17th (Day), 1836 (Year)

7-AGE, 79 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacot Schmidsbeliber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barbara Klunker

(Address) 2041 Hoelbns St

15-APR 18 1915 Filed....., 191.....

ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

April 15, 1915. (Address) 443 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, APR 18 1915

20-UNDERTAKER Geo. A Gerberg | ADDRESS Balto & Payson Sts

CAUSE OF DEATH to be plainly stated, as correctness is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84556

29 C84556

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Herold.

(Residence in Baltimore: No. 739 Cumberland St.; 6 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 20, 1908
(Month) (Day) (Year)

7-AGE, 6 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Herold

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Kean

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15-APR 18 1915 ROBERT . KRAUTER, Registrar.
Filed....., 191. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 8 1915, to Apr. 18 1915, that I saw her alive on Apr. 18 1915, and that death occurred, on the date stated above, at 8:09 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

abont

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Leech M. D.

Apr 18, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State 6 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 739 Cumberland St

Former or usual residence 739 Cumberland St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 20 1915

20-UNDERTAKER Josiah Lyon — ADDRESS 600 N North Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84557
1 PLACE OF DEATH

CERTIFICATE OF DEATH

28 C84557
REGISTERED No. C

CITY OF BALTIMORE (No. 902 W Franklin ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eliz E Jones

(Residence in Baltimore: No. 902 W. Franklin St.: 64 yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 10, 1850 (Month) (Day) (Year)

7-AGE: 64 yrs. 5 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Ford

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Charlotte Chester

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. D. Jones

(Address) 902 W. Franklin St

15. Filed APR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 6th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5th, 1915, to April 6 1915, that I saw h-w alive on April 5th, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Probably several yrs. (Duration)

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. T. Hill M. D.

April 15, 1915 (Address) 1001 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 19, 1915

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N Fremont Ave

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Mayer

C84553

CERTIFICATE OF DEATH.

10 C84558

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Meisel

(Residence in Baltimore: No. 1417 E. Eager St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept (Month) 17 (Day), 1840 (Year)

7-AGE, 74 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Meisekamm

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Meisekamm.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Long

(Address) 1417 E. Eager

15- Filed APR 18 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 16 1915, that I saw h.. alive on April 16 1915, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe and
Bronchitis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Frank H. Mayer M. D.

4/16/15, 191... (Address) 1500 Linden Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, April, 1915

20-UNDERTAKER William Cook

ADDRESS 602 E. Watts

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84559

CERTIFICATE OF DEATH

15th 1 C84559

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 306 E 24th St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Filippi Jr

(Residence in Baltimore: No. 306 E 24th St)

Sd. ... yrs. ... mos. ... ds.) 45 minutes

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Males	White	Single

6-DATE OF BIRTH April 17, 1915 (Month) (Day) (Year)

7-AGE X yrs. X mos. X ds. If LESS than ~~1 day, ... hrs.~~ or 45 minutes

8-OCCUPATION
(a) Trade, profession, or particular kind of work ... None.
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Michael Filippi

11-BIRTHPLACE OF FATHER (State or country) Hungary

12-MAIDEN NAME OF MOTHER Catherine Rosentuer

13-BIRTHPLACE OF MOTHER (State or country) Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Filippi

(Address) 306 E 24th Street

15 APR 18 1915 Filed ..., 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 17th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from APR 17 1915, 191..., to. APR 17 1915, 191...,
that I saw h/M. alive on APR 17 1915, 191...,
and that death occurred, on the date stated above, at 8.45 P.m.
The CAUSE OF DEATH* was as follows:

Premature birth
7 months
(Duration) X yrs. X mos. X ds 45 min

Contributory (SECONDARY) Chronic Kidney Disease 38 mother
(Duration) 70 yrs. X mos. ... ds.

(Signed) APR 18 1915 B H Dukes M. D.
..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Holy Cross Hospital | DATE OF BURIAL 4/19..., 191 5

20-UNDERTAKER William Cook | ADDRESS 502 E North ave

N. B.—Every item of information called for should be given if possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-12—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84560

CERTIFICATE OF DEATH.

10

C84560

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Ashmore (Ashmare)

(Residence in Baltimore: No. 2115 N Fulton ave St.; 71 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, May 17, 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 5 mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie D. Ashmore

(Address) 2115 N. Fulton ave.

15- APR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ..... 191.. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 17 1915, that I saw h[illegible] alive on April 16 1915, and that death occurred, on the date stated above, at 12 1/2 m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 24 ds.

(Signed) John S. Fenby M. D.

4/17, 1915 (Address) Md. Gen. Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2115 N. Fulton ave

Former or usual residence 2115 N. Fulton ave,

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn.	4/19 1915
20-UNDERTAKER Julian Cook	ADDRESS 502 E. North ave

Spec.—5-19-13—M. & T.—500 Bks.

C84561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C84561

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Park ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatora Irena Montellaro.

(Residence in Baltimore: No. 911 Park ave. St.; 4 yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Sing

6-DATE OF BIRTH, May 5-14, 1910
(Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Paul Montellaro.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Concetta Fertitta.

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Montellaro

(Address) 911 Park Ave

15- APR 18 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-12 1915, to 4-17 1915, that I saw h.. alive on 4-17 1915, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:-

X Acute Tonsilitis

X Arterial degeneration

(Duration) .....yrs. .....mos. 13 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) .....yrs. .....mos. 13 ds.

(Signed) J. Sullivan M. D.

4-17, 191 5. (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	4-20, 191 5
20-UNDERTAKER Marion Cook	ADDRESS 502 E Natl Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84562 CERTIFICATE OF DEATH. 64 C84562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Little Josephine St.; 4 WARD) REGISTERED No. C

2-FULL NAME Caroline Murray

(Residence in Baltimore: No. 706 Little Josephine St.; 52 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, about 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), A A Co Md

PARENTS:

10-NAME OF FATHER, Harris Murray

11-BIRTHPLACE OF FATHER (State or Country), A A Co Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), A A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Murray

(Address) 706 Little Josephine

15- Filed APR 18 1915, 191... ROBERT F. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1914, to April 17 1915, that I saw h[illegible] alive on April 16 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. 9 mos. 15 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. ds.

(Signed) J. K. Jones M. D.

April 17, 1915 (Address) 11 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Woodlawn Robinson Station

DATE OF BURIAL. April 20, 1915

20-UNDERTAKER William Cook

ADDRESS 602 E North

Important. See instructions on back of certificate.

C84563

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20 C84563

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 E. Lexington ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Hudgins

(Residence in Baltimore: No. 1303 E Lexington St.: 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH May 16, 1851
(Month) (Day) (Year)

7-AGE 63 yrs. 11 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Slain Island

PARENTS

10-NAME OF FATHER: — Collins

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Hudgins

(Address) 1303 E. Lexington St

15. APR 18 1915 Filed 191 ROBERT J. KRAUTER Burial Permit Clerk

REGISTRAR

N. B.—EVERY CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 16, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1915, to, April 16 1915, that I saw h[illegible] alive on April 16, 1915, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Bright's Myocarditis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed), Howard C Silver M. D.

Apr 18, 1915 (Address) 1914 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: April 19, 1915

20-UNDERTAKER: Mc Grimis-Cerrud | ADDRESS: 608 4 Potomac

Spec.—8-24-14—M. & T.—2000 Blks.

C84564 HEALTH DEPARTMENT—CITY OF BALTIMORE / C84564

CERTIFICATE OF DEATH. x104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Hall

(Residence in Baltimore: No. Ellicott City Md St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 2 (Day) 1914 (Year)

7-AGE,	If LESS than 1 day,
...yrs. 8 mos. ...ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Howard Hall.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Merson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) L. H. Hosp.

15- APR 18 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1915, to Apr 18 1915, that I saw him alive on Apr 18 1915, and that death occurred, on the date stated above, at 5-00 p.m.

The CAUSE OF DEATH* was as follows:

Abscess Lung Pneumonia

(Duration) ...yrs. ...mos. 3 ...ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ...yrs. ...mos. ...ds.

(Signed) G. A. Bartlett M. D.

Apr 18, 1915. (Address) L. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ellicott City Cemetery	April 20, 1915.

20-UNDERTAKER	ADDRESS
Hallenger & Son	Ellicott City

J. Hillsinger

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84565

CERTIFICATE OF DEATH.

79 C84565

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1224 Cooksie ST.; 24 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Bittner
(Residence in Baltimore: No. 1224 Cooksie St.; 37 yrs, 8 mos. 12 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Aug (Month) 4 (Day), 1877 (Year)

7-AGE: 37 yrs. 8 mos. 12 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Balto, Md

PARENTS.
10-NAME OF FATHER: Martin McGuire
11-BIRTHPLACE OF FATHER (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Mary Fitzgerald
13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Casper Bittner
(Address) 1224 Cooksie St

15- APR 18 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1915, to April 16 1915, that I saw her alive on April 15 1915, and that death occurred, on the date stated above, at 12 Noon
The CAUSE OF DEATH* was as follows:
Valvular Cardiac Disease
(Duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Debility of Senility
(Duration) yrs. 1 mos. 10 ds.
(Signed) Harry Green M. D.
April 17, 1915 (Address) 1508 W. Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery
DATE OF BURIAL, April 19 1915.
20-UNDERTAKER M. & M. D. Flynn
ADDRESS 1422 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84566

CERTIFICATE OF DEATH.

68 C84566

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Albermarle ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Guarilla

(Residence in Baltimore: No. 507 Albermarle St. St.: ...yrs...mos. unknown ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 27, 1856 (Month) (Day) (Year)

7-AGE, 58 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Antony Guarilla

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carmela Cantalya

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Guarilla

(Address) 507 Albermarle St.

15- APR 18 1915 Filed ..., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

Important.—See instructions for cause of death.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to April 16 1915, that I saw h— alive on April 16 1915, and that death occurred, on the date stated above, at 6 P— m.

The CAUSE OF DEATH* was as follows:

Pyaemia Mania

(Duration) ...yrs. ...mos. 48 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Valentine M. D.

April 17, 1915. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Italy Rosary	April 18, 1915.
20-UNDERTAKER	ADDRESS
Kimball Hopper & Son	32 N Howard st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84567

CERTIFICATE OF DEATH.

113 C84567

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael A. Cox

Residence in Baltimore: No. 1022 Wilcox St.; ....yrs., ...mos.....ds.)

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 28 (Month), 1867 (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 6 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Heater Finisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Michael A Cox

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Gibbons

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Mrs. Cox.....

(Address)....1022 Wilcox.....

15- Filed APR 18 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important.—See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from apr 4 1915, to apr 16 1915, that I saw him alive on apr 15 1915, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Exhaustion Collapse
Hospital Confinement
Operation (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accidental Bleeding

Phlegmon (Duration) ....yrs. 2 mos. ....ds.

(Signed) W. C. Brown M. D.

Apr 16, 1915 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Entered 19, 1915.
20-UNDERTAKER Wendell Dippert Son	ADDRESS 37 Elm St

Spec.—6-24-14—M. & T.—2000 Bks.

Marie M. Augustynowicz

084568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 084568

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2636 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie M. Augustynowicz

(Residence in Baltimore: No. 2636 Hudson St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 27, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ignac Augustynowicz

11-BIRTHPLACE OF FATHER (State or Country) Russia Poland

12-MAIDEN NAME OF MOTHER Clara Kolkowska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignac Augustynowicz

(Address) 2636 Hudson St.

15- ROBERT . KRAUTER,
Filed APR. 18. 1915 By Burial Permit Clerk.
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 18 1915, that I saw her alive on April 17 1915, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. 3 ds.

(Signed) D. J. Krause M. D.

4-18-, 1915 (Address) 1208 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	April 19, 1915
20-UNDERTAKER	ADDRESS
Stephen J Fratkowski	1019 S Kenwood Ave

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84569

CERTIFICATE OF DEATH.

g2C84569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 S Charles St. (St.;) 23 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John I Riggins

(Residence in Baltimore: No. 1408 S Charles St. St.; ....yrs,....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January (Month) 13 (Day), 1861 (Year)

7-AGE, 54 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Napoleon Riggins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Montgomery

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Riggins

(Address) 1408 S Charles

15-Filed APR 18 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 10 1915, to April 16 1915, that I saw h.. alive on April 16 1915, and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Jas A O'Donnell M. D.

April 16, 1915. (Address) 1025 Mat St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	April 19, 1915
20-UNDERTAKER	**ADDRESS**
J. Frew McCully	29 E. Fort

Important. See instructions on the reverse side.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 084570

79 084570 REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 520 E Clement St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caspar Neumann

(Residence in Baltimore: No. 520 E Clement St.; at 50 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 17, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Johan Neumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gerkmeier

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Caspar Neumann

(Address) 520 E Clement St

15- Filed APR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1911, to April 16 1915, that I saw h[illegible] alive on April 16 1915, and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis X

(Duration) ....yrs. 30 hours ds.

CONTRIBUTORY (Secondary) Chronic Asthma

(Duration) 3 yrs. ....mos. ....ds.

(Signed) L. F. Darlington M. D.

4.16., 1915. (Address) 102 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 4.17., 1915

20-UNDERTAKER R. Few McCully ADDRESS 39 E. Fort

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Jane M Ellbrich

084571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 084571

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Collington ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane M Ellrich

(Residence in Baltimore: No. 511 N Collington Ave St.: ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 6, 1839
(Month) (Day) (Year)

7-AGE. 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Tallon
11-BIRTHPLACE OF FATHER (State or Country) Scotland
12-MAIDEN NAME OF MOTHER Mary Mc Starr
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estate M Scott

(Address) 511 N Collington ave

15- APR 18 1915 ROBERT J. KRAUTER, Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1915
July 21 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1915, to April 15 1915, that I saw h[illegible] alive on April 15 1915, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Hem. Brain Apoplexy
Bronchitis

..... (Duration) ....yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion from

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) Adolph C. Eisenberg M. D.

April 17, 1915 (Address) 201-3 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk Cemetery	April 19, 1915
20-UNDERTAKER	ADDRESS
Robert J Turner	1422 Broadway

C84572 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 84572

CITY OF BALTIMORE (No. 2102 Huntingdon a ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace L. Tarbert (Tarbert)

(Residence in Baltimore: No. 2102 Huntingdon St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	White	Single

6-DATE OF BIRTH April 17, 1915 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... mtn.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Maxwell B. Tarbert

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Pearl A. Bosley

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. B. Tarbert

(Address) 2102 Huntingdon

15 Filed APR 18 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1915, to April 18, 1915, that I saw h[illegible] alive on April 15, 1915, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. H. Lauer M. D.

April 19, 1915 (Address) 2105 Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Pleasure Md. DATE OF BURIAL: April 19, 1915

20-UNDERTAKER: Wm E. Brooks ADDRESS: Parkton Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84573

CERTIFICATE OF DEATH.

92 C84573

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Druid Hill Av ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Hymon

(Residence in Baltimore: No. 937 Druid Hill Av St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Benjamin Nicholson

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Eliza Jane Gibson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Jane Gibson

(Address) 937 Druid Hill

15- APR 18 1915 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1915, to Apr 14 1915, that I saw her alive on Apr 14 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. —, mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Apr 14, 1915 (Address) 1418 Druid Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4/18, 1915.

20-UNDERTAKER James L. Hemsley — ADDRESS 578 W Baltimore St

Important. Be particular and write plainly.

C84574

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84574

CERTIFICATE OF DEATH.

94

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonia Labenuiski

(Residence in Baltimore: No. 1338 Eldyndon Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Antonia Labunuski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wilhelmina Mikucki

(Address) 36 Parkin St

15- Filed APR 18 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so as to convey a definite meaning. Omissions will delay burial. Every question must be answered. Be particular and exact. Use no abbreviations. Every statement should be as full as if the information were required for the most important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Fes M. D. (Coroner.)

April 15, 1915 (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). X

At place of death yrs. mos. ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1338 Eldyndon Ave

19-PLACE OF BURIAL, OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, April 18 1915

20-UNDERTAKER, John J. Cowan

ADDRESS 711 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

Mamie G. Hubbold

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84575

C84575

10

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Mulberry St. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie G. Hubbold

(Residence in Baltimore: No. 1608 Mulberry St.; 10 yrs., mos. de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, James Cunningham

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Anna Fallon

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Hubbold

(Address) 1608 Mulberry St

15- Filed APR 18 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to April 16 1915, that I saw her alive on April 16 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Bronchitis

(Duration) yrs. mos. ds.

(Signed) P Gustav Diller M. D.

April 17, 1915 (Address) 1433 Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Apl. 19, 1915

20-UNDERTAKER John F Bowman ADDRESS Sarg & Dallmus

C84576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84576 REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 319 S. Poppleton St ST.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Theresa D. Knott

(Residence in Baltimore: No. 319 S. Poppleton St. St.: 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6 DATE OF BIRTH June (Month) 13 (Day), 1875 (Year)

7 AGE 39 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: house-wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country) Maryland.

PARENTS

10 NAME OF FATHER Philip P Dean

11 BIRTHPLACE OF FATHER (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary E. Greenfield

13 BIRTHPLACE OF MOTHER (State or country) Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Riland, M D

(Address) 2532 Edmondson Ave

15. Filed APR 18 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1915, to April 16 1915, that I saw her alive on April 15, 1915, and that death occurred, on the date stated above, at 5.15 p. m.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Riland M. D.
April 16, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cem

DATE OF BURIAL Apr. 20, 1915

20 UNDERTAKER John J Cowan & Son

ADDRESS 901 Hollins St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S·A·F·E·T·Y

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84577 — 1-PLACE OF DEATH

151 C84577 — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1526 Clement ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johann Klein

(Residence in Baltimore: No. 1526 Clement St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 4 (Month) – 18 (Day) – 1915 (Year)

7-AGE, ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anton Klein

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Magdalena Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Klein

(Address) 1570 Fort Ave.

15- Filed APR 18 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) – 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-17-1915, to 4-18 1915, that I saw him alive on 4-18- 1915, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (2 days)

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm Klein M. D.

4-18-, 1915 (Address) 1570 Fort Ave.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross RC	Apr. 19, 1915
20-UNDERTAKER	ADDRESS
John F. Foley & Son	318 Eighth

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84578

CERTIFICATE OF DEATH.

28 C84578

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 105 S Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ann Meyer

(Residence in Baltimore: No. 105 S. Wolfe St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: March 3, 1906 (Month) (Day) (Year)

7-AGE: 9 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Wm N. Meyer

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Emma V. Evers

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wm N. Meyer

(Address): 105 S. Wolf St

15- APR 18 1915 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 17 1915; that I saw her alive on April 16 1915; and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1 X ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Geo. Keller M. D.

4/19, 191.. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Apr. 20, 191 5

20-UNDERTAKER Christian Miller

ADDRESS 2338 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84579

CERTIFICATE OF DEATH.

92 C84579

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Preston

(Residence in Baltimore: No. 813 S. Montford Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) ..... (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Kelly

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Mary Griffith

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver Preston

(Address) 813 S. Montford Ave.

15- APR 18 1915 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 16 1915, that I saw h-er alive on April 16 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C L Ling M. D.

4/16, 1915. (Address) 2701 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery | DATE OF BURIAL, April 19, 1915

UNDERTAKER, Christian Miller | ADDRESS 2334 Jefferson

Albertina Dudeck

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84580 — 1 PLACE OF DEATH

47 C84580 — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1440 Woodall ST. 24 WARD)

2-FULL NAME Albertina Dudeck

(Residence in Baltimore: No. 1440 Woodall St.; 45 yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 16 (Month), 16 (Day), 1861 (Year)

7-AGE: 54 yrs. ..... mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Dudeck

(Address) 1448 Woodall St

15- FILED APR 18 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1914, to Apr. 15 1915, that I saw her alive on Apr. 13 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Metastasis

Duration: 9 yrs. 15 mos. ..... ds.

Contributory (SECONDARY) .....

Duration: ..... yrs. ..... mos. ..... ds.

(Signed) Henry Waldschmidt M. D.

Apr 17 1915 [Address] 933 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr 19 15

20-UNDERTAKER: Christian Miller — ADDRESS: 2336 Jefferson St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84581 HEALTH DEPARTMENT—CITY OF BALTIMORE C84581

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 800 N Glover ST.; 3 WARD)
2-FULL NAME Frank J Kaplan (KAPLAN)
(Residence in Baltimore: No. 800 N Glover St.; 23 yrs., 7 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 17, 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bot maker
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Kaplan

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josephine Kalal

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Kaplan
(Address) 800 N Glover St

15- APR 19 1915 HARRY O. ANDREWS
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 16 1915, that I saw him alive on April 15 1915, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas B Lemmon M. D.

April 16 1915. (Address) 718 N Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 19, 1915.
20-UNDERTAKER	ADDRESS
Frank Enoch & Son	1904 Highland Av

Spec.—5-19-13—M. & T.—500 Bks.

C84582 HEALTH DEPARTMENT—CITY OF BALTIMORE C84582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED No. C

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Fortnick Bennett

(Residence in Baltimore: No. Adamscroft Road ST. — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) (Day), 1844 (Year)

7-AGE, 71 yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thos Bennett

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Eliza

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Church Home & Infirmary

(Address) N. Broadway New Eutaw St.

15- Filed APR 19 1915, 191... Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 17 1915, that I saw her alive on April 17 1915, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Pneumonia and Anemia

Last Illness

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mg. of cerebral hemorrhage

(Duration) yrs. mos. ds.

(Signed) Wm C Leach M. D.

April 19, 1915 (Address) 6 South Howard St Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 ds. In the State 19 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Many years

Former or usual residence Adamscroft Road Govans Md

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, 4/19, 1915

20-UNDERTAKER Henry W. Means & Son — ADDRESS 20 S. N. Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

C84583 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 28 C84583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Brookfield Ave ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Kaufman

(Residence in Baltimore: No. 2222 Brookfield Ave St.: 47 yrs., 11 mos. 2 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, May 15 (Month) (Day), 1867. (Year)

7-AGE, 47 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Maryland.

PARENTS.

10-NAME OF FATHER, Henry Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Rothschild

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernice Kaufman

(Address) 2222 Brookfield Ave.

15- Filed APR 19 1915, 191. HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17, (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to April 17 1915, that I saw h in alive on April 15 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

& Pyopneumothorax

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus ?

(Duration) yrs. mos. ds.

(Signed) Samuel Wolman M. D.

April 17, 191.5 (Address) 240 7 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Hebrew Cem	April 19, 191.5
20-UNDERTAKER	ADDRESS
Jahrends & Co	1619 Mad Ave

C84584

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84584

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 914 S. Paca St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Leon Krauss

(Residence in Baltimore: No. 914 S. Paca St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr (Month) 2, (Day) 1872 (Year)

7-AGE: 43 yrs. mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Leonard Krauss

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Caroline Lydemyer

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Krauss

(Address) 914 S. Paca

15.

Filed APR 19 1915 19[illegible]

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 15, (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1915, to April 15 1915;
that I saw h[illegible] alive on Apr 12, 1915,
and that death occurred, on the date stated above, at 10:30 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Apr 17, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: April 19, 1915

20-UNDERTAKER: W. J. Tucker & Son

ADDRESS: North Ave

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 6 C84585

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1708 Clarkson St ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Johnson

Residence in Baltimore: No. 1708 Clarkson St St. (21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1869 (Year)

7-AGE, 45 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara M Johnson

(Address) 1708 Clarkson St

15. Filed APR 19 1915 HARRY O. ANDREWS, 19 Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide By Gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Lee Gorsuch M. D. (Coroner.)

April 17 1915. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	April 19 1915
20-UNDERTAKER	ADDRESS
E. Schloman & Son	Hanover

Spec.—5-19-13—M. & T.—500 Bks.

C84586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C84586

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 802 S. Fremont Ave St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willaim R Bromwell

(Residence in Baltimore: No. 802 S. Fremont Ave St.; 58 yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH April (Month) 6 (Day), 1857 (Year)

7-AGE. 58 yrs. mos. 12 ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse Collar
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE. (State or Country) Maryland (Balto City)

PARENTS.

10-NAME OF FATHER. John E Bromwell

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Hester a Tall

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olivia Thompson

(Address) 802 S Fremont Ave

15- Filed APR 19 1915 HARRY O. ANDREWS, Vol. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1915, to April 18 1915, that I saw h[illegible] alive on April 17 1915, and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

I.

Sorrosis

(Duration) 1 yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Brights Disease

(Duration) 1 yrs. mos. ds.

(Signed) G E Buxton M. D.

4/18, 1915. (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem — DATE OF BURIAL. April 20, 1915

20-UNDERTAKER E. Schloman & Son — ADDRESS 1039 Hanover St

C84587

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C84587

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1016 Patapsco ST. 23 WARD)

2-FULL NAME Frances Litz

(Residence in Baltimore: No. 1016 Patapsco St. St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH October 31, 1862 (Month) (Day) (Year)

7-AGE 52 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER John Kaiser

11-BIRTHPLACE OF FATHER (State or country) France.

12-MAIDEN NAME OF MOTHER Catherine Baker

13-BIRTHPLACE OF MOTHER (State or country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kate May Laughton
(Address) 434 E Clement St

APR 19 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 16, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to April 16 1915, that I saw her alive on April 16, 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY) Valvular disease of the heart (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Otto H Reinhardt MD M. D.

April 17, 1915 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	4/20, 1915
20-UNDERTAKER William Cook	ADDRESS 702 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

Form—5-19-13—M. & T.—500 Blks.

C84588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 150 C84588

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST. 14 ...WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hayden King

(Residence in Baltimore: No. Mt Airy N.C. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20 (Month) (Day), 1912 (Year)

7-AGE, 3 yrs. — mos. 29 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Mr. Thos. H. King

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Fannie Sledge

13-BIRTHPLACE OF MOTHER (State or Country). North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Thos. H. King

(Address) Mt. Airy N.C.

15 APR 19 1915 HARRY O. ARLBERG, Filed..... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18 (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 18 1915, that I saw h im alive on April 18 1915, and that death occurred, on the date stated above, at 1. 10 a.m.

The CAUSE OF DEATH* was as follows:

Pertonitis

(Duration) ...yrs. ...mos. 5 ...ds.

CONTRIBUTORY (Secondary) Hirschsprungs Disease

(Duration) 3 yrs. ...mos. ...ds.

(Signed) H. N. Shaw M. D.

..., 191... (Address) U. P. G.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt-Airy - N.C.

19-PLACE OF BURIAL OR REMOVAL, 1117 Airy N.C. DATE OF BURIAL. April 19, 1915

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C84589

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84589

CERTIFICATE OF DEATH.

50

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 West Mt. Vernon Place St.; W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Este Fisher

(Residence in Baltimore: No. 8 W. Mt. Vernon Place St.; 81 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. March 19th, 1834
(Month) (Day) (Year)

7-AGE. 81 yrs. 1 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Cincinnati, Ohio

PARENTS.

10-NAME OF FATHER. David Kirkpatrick Este

11-BIRTHPLACE OF FATHER (State or Country). Morristown N. J.

12-MAIDEN NAME OF MOTHER Louisa Miller

13-BIRTHPLACE OF MOTHER (State or Country). Rapide Parish Louisiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Fisher Jr

(Address) 715 Park Ave

15- Filed APR 19 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1915, to April 15th 1915, that I saw h[illegible] alive on April 17th 1915, and that death occurred, on the date stated above, at 8:35 A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) ....yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(Duration) 5 yrs. ....mos. ....ds.

(Signed) Wm M. Dabney M. D.

April 15th, 1915. (Address) Ruxton Baltimore Co. Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery.	April 20th, 1915.
20-UNDERTAKER	ADDRESS.
Henry H. Jenkins Sons Co	Orchard Ste.

Spec.—8-24-14—M. & T.—2000 Bks.

C84590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 C84590

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Mewington ave, ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Caperton

(Residence in Baltimore: No. 916 Mewington ave. St.; 35 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 19th, 1854 (Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Dist. Columbia

PARENTS.

10-NAME OF FATHER, Hugh Caperton Sr.

11-BIRTHPLACE OF FATHER (State or Country), West Virginia

12-MAIDEN NAME OF MOTHER Eliza M. Mosher

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hugh Caperton

(Address) 916 Mewington ave

15 APR 19 1915 MARY O. ANDREWS, Burial Permit Clerk.

Filed..... 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14th 191[illegible] to April 18th 1915, that I saw h[illegible] alive on April 18th 1915, and that death occurred, on the date stated above, at 1-40 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis of the throat

..... (Duration) ... yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Asterio Sclerosis

..... (Duration) 4 yrs. ... mos. ... ds.

(Signed) Eugene Boughton M. D.

Apl 19th, 1915 (Address) 230 W. Mosher ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rood Cem Georgetown D C — DATE OF BURIAL, 4-20, 1915

20-UNDERTAKER Hugh W Jenkins Son & Co — ADDRESS Richard Mc Culloh

Spec.—5-19-13—M. & T.—500 Bks.

C84591

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84591

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 N. Fulton Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Littleton

(Residence in Baltimore: No. 1126 N. Fulton Ave. St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Sept. 14th, 1888. (Month) (Day) (Year)

7-AGE: 26 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Somerset Co. Md.

PARENTS.

10-NAME OF FATHER: Wm. L. Littleton

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Estelle V. Whittington

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Littleton

(Address) 1126 N. Fulton Ave.

15-

HARRY O. ANDREWS, APR 19 1915

Filed ..... 191.. Deputy Clerk 5 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to April 17 1916;
that I saw h[illegible] alive on April 17 1916;
and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 1 mos. 0 ds.

(Signed) C. A. Thomas M. D.

4/18, 1916 (Address) 1606 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Marion, Somerset Co. Md.

DATE OF BURIAL: April 20th 1916.

20-UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

C84592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 | C84592
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1126 N. Fulton Ave. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Whittington
(Residence in Baltimore: No. 1126 N. Fulton Ave.

St.; 2 yrs., - mos. - ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: ..... (Month) ....., 1835 (Year)

7-AGE: 80 yrs. - mos. - ds.
If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: - Handy
11-BIRTHPLACE OF FATHER (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Howard W. Littleton
(Address) 1126 N. Fulton Ave

15-
Filed APR 19 1915 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 4 1915, to April 18 1915, that I saw h[illegible] alive on April 18 1915, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 - ds.

(Signed) C. A. Thomas M. D.

4/19, 1915 (Address) 646

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Marian, Somerset Co. Md. DATE OF BURIAL, April 20 1915

20-UNDERTAKER E. M. Mite Lee ADDRESS 1201 W. Fayette St.

C84593 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C84593

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 209 S. Pulaski St.; 30 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Filippino

(Residence in Baltimore: No. 209 S. Pulaski St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April 14th, 1915
(Month) (Day) (Year)

7-AGE. ...yrs. ...mos. 4 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.
10-NAME OF FATHER. Frank Filippino
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Emma Trotte
13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Filippino
(Address) 209 S. Pulaski

APR 19 1915
Filed ..... 191.....
HARRY O. ANDREWS,
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 18th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Premature

(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Congenital debility
(Duration) ...yrs. ...mos. ...ds.

(Signed) Saml. Kemp M. D.
(Coroner)
April 19th, 1915 (Address) 302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 19, 1915
20-UNDERTAKER. Fr. Block	ADDRESS 1003 N. Balto St.

C84594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84594

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 209 S. Pulaski ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Filippino

(Residence in Baltimore: No. 209 S. Pulaski St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, April (Month) 14th (Day), 1915 (Year)

7-AGE, ...yrs. .....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Frank Filippino

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Emma Tribbe

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Filippino

(Address) 209 S. Pulaski

15- Filed APR 19 1915 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Saml Hunter M. D. (Coroner)

April 18th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	April 19 1915
20-UNDERTAKER. J. S. Rock	ADDRESS 1003 N. Balto St.

important. See instructions on back of certificate.

C84595 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C84595

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 209 S. Pulaski ST.; 20 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria F. Filippino

(Residence in Baltimore: No. 209 S. Pulaski St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH. April 14th, 1915
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....mdn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Frank Filippino

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Emma Trobe

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Filippino

(Address) 209 S. Pulaski

15- APR 19 1915 Filed ....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 17th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs. ....mos. ....ds.

(Signed) Saml. Hemberg M. D.
(Coroner)

April 17th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	April 19, 1915
20-UNDERTAKER	ADDRESS
Jno. B. Cook	1003 W. Balto St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84596 C84596

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Gough ST.; 7 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Joseph Hoey

(Residence in Baltimore: No. 2033 Gough St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. April (Month), ... (Day), 1865 (Year)

7-AGE. 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Hoey.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Hoey

(Address) 2033 Gough St

15- Filed APR 19 1915, 191.....

MARY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1915, to April 16 1915, that I saw him alive on April 16 1915, and that death occurred, on the date stated above, at 8.40 p m.

The CAUSE OF DEATH* was as follows:

La Grippe

..... (Duration) ..... yrs. ..... mos. 1 X ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo. Helbig M. D.

April 18, 1915. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patrick	April 20 1915
20-UNDERTAKER John A Moran	ADDRESS Bond & Ann St

Spec.—5-19-13—M. & T.—500 Bks.

C84597

HEALTH DEPARTMENT—CITY OF BALTIMORE

115 C84597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorette May Ballard

Residence in Baltimore: No. 614 Bradley St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Infant

6-DATE OF BIRTH, April (Month) 4 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
yrs. mos. 10 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland City

PARENTS.

10-NAME OF FATHER, James Ballard

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. L. Wright

(Address) Md Gen'l Hosp

15- APR 19 1915 NAME AND ADDRESS

Filed ..., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1915, to April 14 1915, that I saw her alive on April 14 1915, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Hepatitis

(Duration) yrs. mos. 8 ds.

(Signed) Jas. Spence M. D.

Apr. 17, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 614 Bradley St —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL. APR 17 1915
20-UNDERTAKER Commissioner Health,	ADDRESS

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84598

CERTIFICATE OF DEATH.

84 C84598

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Williams

(Residence in Baltimore: No. 518 N Bond St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, August 28th, 1911
(Month) (Day) (Year)

7-AGE, 3 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John T. Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Gillett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) 518 N Bond St

15-

Filed APR 19 1915 HARRY O. ANDERSON, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1915, to Apr 8 1915, that I saw him alive on Apr 18 1915, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Olive S. Rothrock M. D.

Apr 18, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 9 mos. 2 ds. In the State 3 yrs. 7 mos. 24 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 518 N Bond St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 20, 1915

20-UNDERTAKER Robert A Elliott — ADDRESS 506 Rogers Ave

C84599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

189 C84599

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 N Dallas ST.: 6 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Clayton

(Residence in Baltimore: No. 117 N Dallas St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1864 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Allen

(Address) 508 Summerset St.

15- APR 19 1915 Filed ....., 191 HARRY O. ARLBERG, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elgin L. Russell M. D. (Coroner.)

April 18th 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. dr.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Cemetery	April 20 1915
20-UNDERTAKER Robert A. Elliott	ADDRESS 506 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84600

CERTIFICATE OF DEATH.

51 C84600

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose May Butler

(Residence in Baltimore: No. 1833 N Collington Ave; 28 yrs., 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 5 (Day), 1886 (Year)

7-AGE,	If LESS than 1 day,
28 yrs. 10 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Auther Napier

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elle Welden

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Butler

(Address) 1833 N. Collington Ave

15- APR 19 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, that I attended deceased from Feb 19 1915, to April 18 1915, that I saw her alive on April 17 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(Duration) 6 mos.

CONTRIBUTORY (Secondary) Patient died following operation

(Duration) yrs. mos. ds.

(Signed) Wm R. Draughty M. D.

April 18 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State 28 yrs. 10 mos. 13 ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1833 N Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, April 21, 1915

20-UNDERTAKER H. C. Windefeld — ADDRESS 914 Gwynn Av

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84601 C84601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Greenmount Ave St.; 4th WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Shutz

(Residence in Baltimore: No. 1307 Greenmount Ave St.: 77 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. November 24th, 1837. (Month) (Day) (Year)

7-AGE. 77 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

9-BIRTHPLACE. (State or Country). Hanover, Pa.

PARENTS.

10-NAME OF FATHER. Audrey Echert.

11-BIRTHPLACE OF FATHER (State or Country) Hanover Pa

12-MAIDEN NAME OF MOTHER Mary Trout

13-BIRTHPLACE OF MOTHER (State or Country) Hanover, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora A Fallon

(Address) 1729 N York ave

15- APR 19 1915 HARRY O ANDREWS,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 16, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 16 1915, that I saw h[illegible] alive on April 16 1915, and that death occurred, on the date stated above, at 8 40 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Indefinite (Duration) ....yrs. ....mos. ....ds.

(Signed) Howard E. Hooden M. D.

April 17, 1915. (Address) 720 E. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Wm J Eckenrode Son

DATE OF BURIAL. April 19, 1915.

20-UNDERTAKER Westminister Md

ADDRESS North & Pa

Spec.—8-24-14—M. & T.—2000 Bks.

C84602 HEALTH DEPARTMENT—CITY OF BALTIMORE C84602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S Chapel ST.; W WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Geiger

(Residence in Baltimore: No. 221 S. Chapel St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 11, (Month) (Day) 1852 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 5 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Friedrica Geiger

(Address) 221 S. Chapel St

15. APR 19 1915 BOARD OF HEALTH, Filed....., 19 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 1915, to April 17 1915, that I saw h alive on April 16 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tb Edema

(Duration) yrs. mos. ? ds.

(Signed) Chas. H. Ellis M. D.

April 18, 1915. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
1st Evang. Luth. Cem.	April 19, 1915.
20-UNDERTAKER Lilly Zeiler	ADDRESS 4008 Wayne Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C84603

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Cumberland ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Etta Halsey

(Residence in Baltimore: No. 501 Cumberland St.; 5 yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 20 (Day), 1866 (Year)

7-AGE, 46 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Chicago Ill.

PARENTS.

10-NAME OF FATHER, John S. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Elizabeth C. Larson

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. S. Baurdeau-Sisco

(Address) 1315 N. Charles St.,

15- Filed APR 19 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1913, to April 18 1915; that I saw her alive on April 18 1915; and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 3? yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

~~Sick~~ (Duration) — yrs. — mos. 6 ds.

(Signed) P. S. Baurdeau-Sisco M. D.

April 18 1915. (Address) 1315 N. Charles St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount | DATE OF BURIAL, April 20, 1915

20-UNDERTAKER H. M. Galloway | ADDRESS 1911 Madison

C84604

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84604

CERTIFICATE OF DEATH 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2330 Etting ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo H. Cormish

(Residence in Baltimore: No. 2330 Etting St. yrs. 53 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	married

6-DATE OF BIRTH Unknown (Month), 1 (Day) (Year)

7-AGE 53 yrs. 11 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Dorchester Co. Md.

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Martha Caine

13-BIRTHPLACE OF MOTHER (State or country) Dorchester Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. H. Cormish.

(Address) 2330 Etting St.

15. APR 19 1915

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 17 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to, April 17 1915, that I saw him alive on April 17, 1915, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

(Duration) yrs. 7 mos. ds

Contributory (SECONDARY) Bronchitis (Chronic)

(Duration) yrs. 3 mos. ds.

(Signed), J. Tyler Smith M. D.

, 191 (Address) 717 W. Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL April 20th 1915

20-UNDERTAKER Felix B. Pyle | ADDRESS 102 E. Mulberry St.

State CAUSE OF DEATH in plain words. Omission is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84605 — REGISTERED NO. C 84605

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 W 21 21 (Hospital) St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Cord

(Residence in Baltimore: No. 200 W 21st St.; 70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Apr 17 (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Calvert Co Md

PARENTS.

10-NAME OF FATHER, No History

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, No History

12-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Reilly (Supt.)

(Address) 200 West 21st St. Balto

15- APR 19 1915 HARRY O. JOHNS Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 17th (Month) (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 1915, to Apr 17 1915, that I saw h[illegible] alive on Apr 16 1915, and that death occurred, on the date stated above, at 350 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Evenbeard M. D.

Apr 17, 1915. (Address) 100 W 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State yrs. 70 ds.

Where was disease contracted, if not at place of death? at place of death X

Former or usual residence Calvert Co Md

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health. ADDRESS

APR 19 1915

FOR ANATOMICAL PURPOSES

C84606

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 C84606

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 E Montgomery ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Caroline Moffitt

(Residence in Baltimore: No. 123 E Montgomery St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June (Month) 13 (Day) 1846 (Year)

7-AGE 68 yrs. 10 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): New Jersey

PARENTS

10-NAME OF FATHER: William T. Moffitt

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Louisa Kaltenbach

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Moffitt (Sister)

(Address) 123 E. Montgomery St

APR 19 1915

Filed ....., 191.....

MARY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9, 1915, to, April 17 1915, that I saw h— alive on April 16 1915, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 12 ds.

Contributory (SECONDARY) Cardiac failure

(Duration) 7 yrs. — mos. 1 ds.

(Signed) E. D. Ellis M. D.

4/19, 1915 [Address] 915 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: APR 19 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

TION is very important. See instructions on

Spec.—8-24-14—M. & T.—2000 Bks.

C84607

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C84607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) St. Josephs Hospital 6 ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Watson

(Residence in Baltimore: No. 1524 Fairmount Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	single

6-DATE OF BIRTH, Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 19 1915 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1915, to April 16 1915, that I saw him alive on April 15 1915, and that death occurred, on the date stated above, at 12 Pm.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Mitral Insufficiency

(Duration) — yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) — yrs. 2 mos. ..... ds.

(Signed) J. W. Vinton Cliff M. D.

April 17 1915 (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State 42 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1524 Fairmount Ave.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ... 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner of Health.

FOR ANATOMICAL PURPOSES

C84608

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84608

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 315 Scott St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Riecka

(Residence in Baltimore: No. 315 Scott St.; yrs., mos. ds.)

D

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 3rd (Day), 1915 (Year)

7-AGE, ... yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Riecka

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Riecka

(Address) 315 Scott St.

15- Filed APR 19 1915 HARRY O. ANDREWS, ..., 191.. Permit Clerk.

S Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day/stated above.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. P. Jeffers (Coroner.) M. D.

Apr 18, 1915 (Address) 1 y. 3 n. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	April 19, 1915
20-UNDERTAKER	**ADDRESS**
Jas. Dignan & Son	1000 S. Paca

684609

HEALTH DEPARTMENT—CITY OF BALTIMORE

684609

64

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) St. Joseph's Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthoni Zelenski

(Residence in Baltimore: No. 1425 Reynold St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1846 (Year)

7-AGE 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Russia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophie Zelenske

(Address) 1425 Reynold

15- Filed APR 19 1915 HARRY O. ANDREWS, Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Otis M.D. Savage (Coroner) M. D.

April 19, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	April 17, 1915
20-UNDERTAKER William Fialkowski	ADDRESS 618 Eastern Ave

Important. See instructions on back of certificate.

C84610

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 / C84610

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 32 N. Bentalou ST.; 20 WARD)

2-FULL NAME Infant of Jno A. & L. Rebecca Hill

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 32 N. Bentalou St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 18 (Day) 1915 (Year)

7-AGE: ✓ yrs. ✓ mos. ✓ ds. If LESS than 1 day, 1 hrs., or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jno A. Hill

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: L. Rebecca Kelly

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) John A Hill

(Address) 32 N. Bentalou St

APR 19 1915 — MARY O. A[illegible], Burial Permit Clerk.

Filed ....., 191 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1915, to, April 18 1915, that I saw h[illegible] alive on April 18 1915, and that death occurred, on the date stated above, at 11-55 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth 5½ Months
Utero - Gestation

(Duration) ✓ yrs 1 hr - 10 mins ds.

Contributory (SECONDARY) ✓

(Duration) ✓ yrs ✓ mos. ✓ ds.

(Signed) Henry C. Chee M. D.

Apr 19 15 [Address] 1203 W. Fayette St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 19 1915

20-UNDERTAKER: Geo H[illegible] South — ADDRESS: 1000 W. Fayette St

TION is very important. See instructions on back

FEE TY

Spec.—5-19-13—M. & T.—500 Bks.

C84611

HEALTH DEPARTMENT—CITY OF BALTIMORE

5/ C84611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Childs Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin & Schroeder ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edward Peters

(Residence in Baltimore: No. Same St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	X

6-DATE OF BIRTH, April (Month) 3 (Day), 1915 (Year)

7-AGE, ...yrs. 6 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). (City) Maryland

PARENTS.

10-NAME OF FATHER. J. Bernard Peters

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary J. Merrill

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis McClure

(Address) Nurses Hospital

15- APR 19 1915 Filed ..... 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1915, to April 19 1915, that I saw h.....alive on April 19 1915, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Administering of Anesthetic

(Chloroform Inhalation)

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar P. Friedgen M. D.

Apr. 19, 191.5. (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. ....mos. 16 ds.

Where was disease contracted, if not at place of death? Same

Former or usual residence Nursery & Child's Hospital

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, ..., 191.5.

20-UNDERTAKER George J. Smith ADDRESS 1300 Fayette St.

KODAK S·A

C84612 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C84612

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 6 North Carey ST. 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary A Bowers

(Residence in Baltimore: No. 6 N. Carey st St. 43 yrs. 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: May 4, 1871 (Month) (Day) (Year)

7. AGE: 43 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Wm Fellner

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth Post

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas E Bowers

(Address) 6 N Carey St

15. APR 19 1915 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 17, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 191.. to. April 17 1915. that I saw h.. alive on April 17, 1915. and that death occurred, on the date stated above, at 12.20 m. The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs. 7 mos. ..... ds.

Contributory (SECONDARY) Exhaustion, Uraemic Coma

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Chas H. Bulbert, M. D.

April 17, 1915 (Address) 1100 W. Lafayette Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 19, 1915

20. UNDERTAKER: Chas E Cook — ADDRESS: 1003 N Gilmor St

State CAUSE OF DEATH in plain terms. Indefinite statements are insufficient. Every certificate is very important. See instructions on back of certificate.

C84613 HEALTH DEPARTMENT—CITY OF BALTIMORE C84613

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST. 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luigi Teodosi
(Residence in Baltimore: No. Hardff Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 50 (about) yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Slate Quarry

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr Holder
(Address) Delta Pa

15- APR 19 1915 Filed....., 191.... Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:
(a) Fractured Skull (accidental)
Fractured Clavicle & Left femur
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Crushed under a slide of Rock (on
(Duration) yrs. mos. ds.
(Signed) J. J. Jeffers M. D.
(Coroner)
Apr 19, 191.. (Address) 2413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State ? yrs. mos. ds.
Where was disease contracted, if not at place of death? Hardff Md
Former or usual residence Hardff Md

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Delta Pa	April 19 1915
20-UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	125 W Lanvale

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84614

CERTIFICATE OF DEATH

91 C84614

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1636 Hanford Av ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R Dalton

(Residence in Baltimore: No. 1636 Hanford Av St.: — yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word)
Male	White	Married

6-DATE OF BIRTH Sept 21, 1847 (Month) (Day) (Year)

7-AGE 67 yrs. 6 mos. 27 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) England

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) England

12-MAIDEN NAME OF MOTHER Eliz Dalton

13-BIRTHPLACE OF MOTHER (State or country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno F Dalton

(Address) 1413 Cedar Av

15-Filed APR 19 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1915, to Apr 18 1915 that I saw h[illegible] alive on Apr 18, 1915 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Six weeks (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J F Daly M. D.

Apr 19, 1915 (Address) 110 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Homewood Cemetery Co N. Y. | DATE OF BURIAL April 19th, 1915

20-UNDERTAKER George Schillinger & Son | ADDRESS 1126 E Monument

State CAUSE OF DEATH in plain terms. Omission of important facts or use of indefinite terms is very important. See instructions on back of certificate.

684615

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 684615

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Pebble Ct ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Cole

(Residence in Baltimore: No. 824 Pebble Ct. St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Col'd

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Sing

6-DATE OF BIRTH March the 29 (Month) (Day) 1879 (Year)

7-AGE 36 Years yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Cambridge Md.

PARENTS

10-NAME OF FATHER Albert Cole

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah J Haskins

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary L Holmes

(Address) 813 Bond Ave

15- Filed APR 19 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apl 18 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 16, 191 5, to, Apl 18 191 5, that I saw h[illegible] alive on Apl 17 191 5, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) yrs. mos. [illegible] hrs.

(Signed) V L Norwood M. D.

Apl 18, 191 5 [Address] 739 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Olivet April 19 DATE OF BURIAL 191 5

20-UNDERTAKER A J Foreland ADDRESS 1145 N Schroeder St

IT IS very important. See instructions

Spec.—5-19-13—M. & T.—500 Bks. Charles E. Kemler

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84616

CERTIFICATE OF DEATH.

113 C84616

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Chase St.; 7 WARD)

2-FULL NAME Charles Edward Kemler

(Residence in Baltimore: No. 1911 E. Chase St.; ....yrs.,....mos. ....ds.)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 11 (Day), 1864 (Year)

7-AGE, 50 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Molder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kemler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Harold

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa L. Kemler

(Address) 911 E. Chase St

15- Filed APR 19 1915, 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1913, to April 17 1915, that I saw h.. alive on April 17 1915, and that death occurred, on the date stated above, at 3:35 p. m.

The CAUSE OF DEATH* was as follows:

Carcinosis of Liver

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 7 mos. ds.

(Signed) Edward J. Loos M. D.

4/18, 1915. (Address) 1113 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lake Lawn Cemetery — DATE OF BURIAL, April 29 1915

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84617 167 C84617

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Johns Hopkins Hos St., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jackson

(Residence in Baltimore: No. 314 S Vincent St St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, ..unknown.., 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) C. H. Hosp.

15- Filed APR 19 1915 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 16, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1915, to Apr 16 1915, that I saw h.. alive on Apr 16 1915, and that death occurred, on the date stated above, at 10:25 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

Accident (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Burns on legs and right arm (Duration) ....yrs. ....mos. 6 ds.

(Signed) M D R Rud M. D.

Apr 17, 1915. (Address) C. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State 44 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 314 S. Vincent St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	April 19 1915
20-UNDERTAKER Willard Brown	ADDRESS 414 N. Mount St

684618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 120 684618

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6 W York St ST.) 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella May Simmons

(Residence in Baltimore: No. 6 W York St St. 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Johnson

(Address) 6 W York St

15- Filed APR 19 1915, 19.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) Edward [illegible] M. D.
(Coroner.)

April 19 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Lincoln DATE OF BURIAL, April 20 1915

20-UNDERTAKER H. Doyle & Son ADDRESS 156 Lee St

Spec.—5-19-13—M. & T.—500 Bks.

C84619

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C84619

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Central Ave. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Burgee.

(Residence in Baltimore: No. 3600 Central Ave, St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 19, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 30 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Burgee

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sarah Burgess

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Burgee

(Address) 3600 Central Ave.

15- APR 19 1915 ROBERT . KRAUTER,
Filed ....., 191 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to April 18th 1915; that I saw h[illegible] alive on April 17th 1915; and that death occurred, on the date stated above, at 2.35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Contributed) (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) R. B. Norment M. D,

April 19, 1915. (Address) 3347 Chestnut

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary's (Hampden) DATE OF BURIAL. April 20, 1915

20-UNDERTAKER Horace Burgee Son ADDRESS 3631 Falls Road

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84620

CERTIFICATE OF DEATH.

80

C84620

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora A. Barnitz

(Residence in Baltimore: No. 1226 Mc. Culloh St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, December 9th, 1831 (Month) (Day) (Year)

7-AGE, 83 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Joseph Judik

11-BIRTHPLACE OF FATHER (State or Country), Amsterdam, Holland

12-MAIDEN NAME OF MOTHER Mary M. Eagle

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. J. Seager

(Address) 1226 Mc. Culloh St.

15- Filed APR 19 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1915, to April 17 1915, that I saw her alive on April 17 1915, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Angina pectoris.

Myocarditis

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile debility

2 hours (Duration) ..... yrs. ..... mos. 1 hr.

(Signed) W. W. Keen M. D.

Apr 19, 1915 (Address) 815 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	4-20.., 1915
20-UNDERTAKER H. W. Jenkins & Son Co	ADDRESS Orchard & McCulloh Sts

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84621

CERTIFICATE OF DEATH.

79 C84621

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1431 Jefferson ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Johnson

(Residence in Baltimore: No. 1431 Jefferson St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, unknown (Month); ..... (Day); 1853 (Year)

7-AGE, 62 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Salt City

PARENTS.

10-NAME OF FATHER, William H Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary E Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J Burfeind

(Address) 617 N. Eden St

15- Filed APR 19 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1st 1915, to Apr 17th 1915, that I saw h.. alive on Apr 17 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. ds.

(Signed) Edward Fuchs M. D.

Apr 18, 1915 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary — DATE OF BURIAL, April 20th 1915

20-UNDERTAKER Chas. E. Bailey — ADDRESS 1421 Jefferson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84622

CERTIFICATE OF DEATH.

134 C84622

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Hebrew Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian R Rosenbergen

(Residence in Baltimore: No. 962 N Washington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Aug (Month) 20th (Day), 1882 (Year)

7-AGE. 32 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Geo W Waters

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Amelia Henderer

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Rosenberg

(Address) 962 N Washington

15- Filed APR 19 1915 ROBERT J. KRAUTH, Burial Permit Clerk) By.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Accidental Abortion

(Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

April 19 1915 (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Schantz Cem	April 21 1915
20-UNDERTAKER	ADDRESS
Wm Cook	502 Northwestern

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84623 HEALTH DEPARTMENT—CITY OF BALTIMORE C84623

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 Strickland ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret McLaughlin

(Residence in Baltimore: No. 3226 Strickland St. St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. June 15, 1836. (Month) (Day) (Year)

7-AGE, 78 yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, James Hudson

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Sarah Fisher

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Lutz

(Address) 3226 Strickland St

15- Filed APR 19 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 14 1915, to Apr 17. 1915, that I saw h[er] alive on Apr. 16. 1915, and that death occurred, on the date stated above, at 5.06 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Fruitnight M. D.

Apr. 17, 1915. (Address) 632 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
New Cathedral Cem.	April 20th, 1915.
20-UNDERTAKER Charles W. Hill.	ADDRESS 309 Fremont Ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84624

CERTIFICATE OF DEATH

8 | C84624

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1226 W. Cross St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christina Riehl

(Residence in Baltimore: No. 1226 W. Cross st St.: 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Jan. (Month) 1 (Day), 1840 (Year)

7 AGE: 75 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ho none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Jacob Kahl

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: not Known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Riehl

(Address) 1226 W. Cross st.

15 APR 19 1915 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 17 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1915 to April 17 1915 that I saw h[illegible] alive on April 17, 1915 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. 3 mos. ds

Contributory (SECONDARY) Chronic Gastritis

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) J. M. Lamperton M. D.

April 19, 1915 (Address) 826 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: April 20, 1915

20 UNDERTAKER: Ph. J. Dill & Son ADDRESS: 1648 Bentalou St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84625

CERTIFICATE OF DEATH.

64 C84625

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 W Fayette ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Hutchinson

(Residence in Baltimore: No. 1626 W Fayette St.: 68 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 30, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John O'Brien

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Susan Simmons

13-BIRTHPLACE OF MOTHER (State or Country). Martinsburg W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sadie Cassell

(Address) 1626 W Fayette St

15- Filed APR 19 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1915, to April 18 1915, that I saw h[illegible] alive on April 18 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain
(Paralysis)
(Duration) ..yrs..mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ..yrs..mos..ds.

(Signed) M A Brickley M. D.

April 19, 1915 (Address) 105 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, April 20, 1915

20-UNDERTAKER Capt. D Cook ADDRESS 1317 N Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84626

CERTIFICATE OF DEATH.

28 C84626

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1509 Mulliken St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas, St. Johnson,

(Residence in Baltimore: No. 1509 Mulliken St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ...Unknown.... (Month) ....[illegible].... (Day) 1867 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. ....mos. ....da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day labor.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Harry. Johnson.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Ferguson

(Address) 1509 Mulliken St.

15- Filed APR 19 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to Apr 17 1915, that I saw him alive on apr 17 1915, and that death occurred, on the date stated above, at 3. a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonis

(Duration) ....yrs. 8 ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Katrell M. D.

April 18, 1915 (Address) 1740 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery. DATE OF BURIAL, April 20, 1915.

20-UNDERTAKER Milton. Davis ADDRESS 1608. McElderry St

C84627

HEALTH DEPARTMENT—CITY OF BALTIMORE

175 C84627

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) St. Joseph's Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Kilchenstein

(Residence in Baltimore: No. 1014 N. Central Ave

St.; yrs. 57 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, April (Month) 10th (Day), 1858 (Year)

7-AGE 57 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Stephen Kilchenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaretta Hamger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Kilchenstein

(Address) 1014 N. Central Ave

15- APR 20 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 17 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of base of Skull the result of being accidentally struck by a moving car of U. R. & Co.

(Duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 9 ds.

(Signed) Wm M. Savage M. D. (Coroner)

Apr. 19, 191.9 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, April 21, 1915

20-UNDERTAKER Henry Kouck & Son — ADDRESS 1301 Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84628 — 120 — C84628

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Snowman or Schneeman

(Residence in Baltimore: No. 1107 N. Eden St.; 66 yrs. 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married.

6-DATE OF BIRTH April. 21st., 1848
(Month) (Day) (Year)

7-AGE. 66 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Business

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS

10-NAME OF FATHER, Frederick Snowman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine Snowman

(Address) 1107 N. Eden St.

15- APR 20 1915 Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 1915, to Apr 19 1915, that I saw h[illegible] alive on Apr 19 1915, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

2 days.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Dis. Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. S. Hayman M. D.

4/19, 1915. (Address) 8 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	April 22., 1915
20-UNDERTAKER	ADDRESS
Harry Herrick & Son	1301 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

C84629

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C84629

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Harford Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME George H McClelland

(Residence in Baltimore: No. 2830 Harford ave St.; 50 yrs., 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1864 (Year)

7-AGE, 50 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md

PARENTS.

10-NAME OF FATHER, George Mc Clelland

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Frances Daugherty

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Carrie V McClelland

(Address) 2830 Harford ave

15- Filed APR 20 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to April 18 1915, that I saw him alive on April 18 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) 3 yrs. ....mos. ....ds.

(Signed) L. T. Stimmell M. D.

April 19, 1915. (Address) 2226 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cemetery	Apr. 20, 1915
20-UNDERTAKER Henry Hoerth Son	ADDRESS 1301 E Baltimore St

C84630 HEALTH DEPARTMENT—CITY OF BALTIMORE 175 C84630

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital ST.: 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Halloran

(Residence in Baltimore: No. 926 Aisquith St.; yrs., 30 mos. dc.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, March 7, 1883
(Month) (Day) (Year)

7-AGE 32 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Employed by
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Department

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.
10-NAME OF FATHER: Wm Halloran
11-BIRTHPLACE OF FATHER (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Teresa O'Mally
13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Teresa Halloran
(Address) 926 Aisquith St

15- APR 20 1915 HARRY O. ARTHUR, Burial Permit Clerk
Filed ..... 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquestigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquestigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull & Concussion of Brain the result of an accidental collision of the motor truck in which he was riding and another auto car
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Morris Savage M. D.
(Coroner.)
April 19, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State 30 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? On Fleet Central Ave + Eager St.
Former or usual residence 926 Aisquith St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Saint Peters Cemetery	April 22 1915
20-UNDERTAKER	ADDRESS
Henry Knecht's Son	1301 E Eager St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84631 — 175 — C84631

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Braeshevich

(Residence in Baltimore: No. 631 W. German St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan. (Month) 15th (Day), 1885 (Year)

7-AGE: 30 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): U R R & Co.

9-BIRTHPLACE (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Vasil Braesherich

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Braesherich

(Address) 631 W. German

15- APR 20 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of base of skull, the result of being accidentally run over by a moving car of U R R & Co.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. Swan (Coroner.) M. D.

Apr. 19, 1915 (Address) 1729 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Baltimore & O. R.R.

Former or usual residence 631 W. German St.

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Jan. 20 1915

20-UNDERTAKER: John Grebhauer ADDRESS: 500 S. Paca

Spec.—5-19-13—M. & T.—500 Bkc.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84632 — CERTIFICATE OF DEATH. — 19 C84632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W. Montgomery ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hunter

(Residence in Baltimore: No. 120 W. Montgomery St.: 40 yrs., — mos., — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Upshur

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marie Cue

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... William Robinson .....

(Address) ..... 120 W. Montgomery St. .....

15- APR 20 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to April 19 1915, that I saw her alive on April 18 1915, and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

..... Cardiac Dropsy .....

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Heart Failure .....

..... (Duration) ..... yrs. 4 mos. ..... ds.

(Signed) ..... M. D.

April 19, 1915. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. ..... mos. ..... ds. In the State yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	April 20, 1915
20-UNDERTAKER	ADDRESS
J. L. Brown & Son	108 W. Monty

Spec.—8-24-14—M. & T.—2003 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684633

CERTIFICATE OF DEATH.

91 684633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1951 N Collington Ave ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Mc Gee

(Residence in Baltimore: No. 1951 N Collington Ave ~~Ds.~~; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 11 (Month), (Day), 1868 (Year)

7-AGE, 46 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Mc Gee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mariamount

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Mc Gee

(Address) 1951 N Collington

15-

Filed APR 20 1915 HARRY O. ANDREWS, Vit. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 (Month) (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from April 9 1915, to April 19 1915, that I saw h~~im~~ alive on April 19 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia X

Gallopy Embolism

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John T Avery M. D.

April 19 1915. (Address) 1603 Boxwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wallo Cemetery	April 22, 1915.
20-UNDERTAKER	**ADDRESS**
Gilbert E Turner	1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84634

CERTIFICATE OF DEATH.

90 C84634

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Benda

(Residence in Baltimore: No. 414 N Washington St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Don't Know ....., 1..... (Month) (Day) (Year)

7-AGE, 53 ~~Don't Know~~ .....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jos Sobotka

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Benda

(Address) 414 N. Washington

15- Filed APR 20 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15th 1915, to April 18th 1915, that I saw h~~er~~ alive on April 17th 1915, and that death occurred, on the date stated above, at 2 -a~~p~~m.

The CAUSE OF DEATH* was as follows:

.....

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Pleural Effusion

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ~~C~~ Selmer M. D.

April 19th, 1915 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, April 20, 1915

20-UNDERTAKER John Hunyo & Co ADDRESS 2008 Orleans St

C84635

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

2279

C84635

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 823 S. Charles St. ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Elizabeth Bolte

(Residence in Baltimore: No. 823 S. Charles St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Aug. (Month) (Day), 1863 (Year)

7-AGE: 52 yrs. 8 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Hottester

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Jane Gadd

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C C Bolte

(Address) 823 S Charles

APR 20 1915 Filed, 191

MARY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 18 (Day), 1915

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1915, to April 18 1915, that I saw her alive on April 18, 1915, and that death occurred, on the date stated above, at 12 P m.
The CAUSE OF DEATH* was as follows:
Pulmonary oedema -

(Duration) yrs. abt mos. 6 ds

Contributory (SECONDARY): Endocarditis Chronic

(Duration) yrs. not known mos. ds.

(Signed) W. L. Ingram M. D.

April 19, 1915 (Address) 2439 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery Baltimore Co Md — DATE OF BURIAL: April 21 1915

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84636

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 So. Bouvier ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Worick

(Residence in Baltimore: No. 609 So. Bouvier St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, December 28, 1828 (Month) (Day) (Year)

7-AGE, 86 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, ? Worick

11-BIRTHPLACE OF FATHER (State or Country), ~~Md~~ Dont Know

12-MAIDEN NAME OF MOTHER ~~Unk~~ Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), ~~Unk~~ Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Worick

(Address) 1502 N. Register

15- Filed APR 20 1915, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1915, to April 19, 1915, that I saw h[illegible] alive on April 17 1915, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(Duration) 20? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) D. Strandberg M. D.

Apr. 20, 1915 (Address) 122 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, April 23 1915

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~84637~~ 8 | C84637

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md General Hospital ST.: 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Maggie Jubneau
(Residence in ~~Baltimore~~ Baltimore: No. 1410 E Washington D C St.: — yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Oct. 16th, 1833
(Month) (Day) (Year)

7-AGE, 81 yrs. 6 mos. 3 ds.
If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Maggie J Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm K Jubman
(Address) 1500 Linden Ave

15- APR 20 1915 ARNOLD ARLEDGE,
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 19 1915, that I saw her alive on April 19 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (Cerebral)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. 6 mos. ds.

(Signed) G. H. Wood M. D.

April 19, 1915. (Address) Md Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 6 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Washington D C
Former or usual residence Washington D C

19-PLACE OF BURIAL OR REMOVAL: Wood Lawn Cemetery — DATE OF BURIAL: April 20, 1915

20-UNDERTAKER: J Ahrens & Co — ADDRESS: Richmond Va

Spec.—5-19-13—M. & T.—500 Bks.

C84638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13V 5

C84638

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Mozingo

(Residence in Baltimore: No. 637 W Lee St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 22nd (Month) (Day), 1870 (Year)

7-AGE	If LESS than 1 day,
44 yrs. 6 mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, L. Matthews

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER, Mary Richardson

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Friend

(Address) 637 W Lee St

15- Filed APR 20 1915, 191... HARRY O. ANDREWS, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 13 191 5, to Apr 19 191 5, that I saw h e alive on Apr 19 191 5, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Stomach

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Bilateral Salpingo-oophoritis + Post caval appendicitis

(Duration) 3 yrs. ...mos. ...ds.

(Signed) M. L. Lichtenberg M. D.

Apr. 19, 1915 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Former

Former or usual residence 637 W Lee St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 22nd 1915

20-UNDERTAKER Mrs Mrs John W. Teufel ADDRESS 801 W. Fayette

C84639

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84639

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 105 N. Bruce St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corneal Pearson

(Residence in Baltimore: No. 105 N Bruce St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: Colored — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7-AGE: 2 yrs. 3 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Washington D.C.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Ennis

(Address) 105 N Bruce

15- Filed APR 20 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apl. 18 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl. 16, 1915, to, Apl 15 1915, that I saw h alive on Apl 17 1915, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia X

(Duration) yrs mos. 14 ds.

Contributory (SECONDARY) Anemia

(Duration) yrs mos. 5 ds.

(Signed) H Norwood M. D.

Apl 19 1915 [Address] 939 Fayette E

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In this State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: April 20 1915

20-UNDERTAKER: A. Jones — ADDRESS: 207 S Stricker st

Spec.—5-19-13—M. & T.—500 Bks.

C84640

HEALTH DEPARTMENT—CITY OF BALTIMORE

15V C84640

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 Penn. ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME infant of Pendergrass

(Residence in Baltimore: No. 1044 Pennsylvania ave St.; ... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Black	~~male~~

6-DATE OF BIRTH, ... Apr. 18, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
....yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Maxwell Kyner

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ruder French

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Pendergrass

(Address) Mercy Hospital

15- APR 20 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 19, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1915, to Apr 19 1915, that I saw h... alive on Apr 18 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration)...yrs...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos. 2 ds.

(Signed) J. M. Pendergrass M. D.

..., 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	April 21 1915
20-UNDERTAKER	ADDRESS
Daniel Explori	918 Penna ave

C84641

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84641

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Rutland Ave & Monument St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Allen Schwartz

(Residence in Baltimore: No. 27 Emily Robinson St.; 12 yrs. 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: ~~April~~ Feb (Month) 29 (Day), 1903 (Year)

7-AGE: 12 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: M. Schwartz

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Susie Scherr

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levin

(Address) 1419 E. Baltimore St

15- APR 20 1915 (191) HARRY O ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1915, to, April 19 1915, that I saw h... alive on April 19 1915, and that death occurred, on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH* was as follows:

Appendicitis
with Abscess and
peritonitis

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), M. B. Levin M. D.

4/19 1915 [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 1 ds. In the State 12 yrs 1 mos 29 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 27 Emily Robinson St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 4/20 1915

20-UNDERTAKER: Jack Levin

ADDRESS: 1419 E. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C84642

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84642

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Hanover St.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Willey

(Residence in Baltimore: No. 1201 Hanover St.: 57 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1858 (Year)

7-AGE, 57 yrs. - mos. - ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Thos North

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Gaskell

(Address) 3 W. Montgomery

15- Filed APR 20 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 19 1915, that I saw her alive on April 18 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration).....yrs.....mos.....ds.

(Signed) D. H. Bruton M. D.

4/20, 191 5 (Address) 304 E Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Apr 22 1915

20-UNDERTAKER F. A. Krause — ADDRESS 709 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

C84643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84643

REGISTERED No. C.....

1-PLACE OF DEATH, CITY OF BALTIMORE: (No. ..... ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank C. Gallagher

(Residence in Baltimore: No. 2121 Barclay St.; ...yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 18.76
(Month) (Day) (Year)

7-AGE, 39 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, J. Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridge Calton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. C. Gallagher

(Address) 2121 Barclay St.

15- Filed APR 20 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) – 19 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 4-14-1915, to 4-19-1915, that I saw h[illegible] alive on 4-19-1915, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebro arterio sclerosis (Duration) ...yrs. ...mos. 2 ds.

(Signed) D. W. Ramsenbach M. D.

4-19, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State 39 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ? ? ? ?

Former or usual residence 2121 Barclay St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, April 21, 191...

20-UNDERTAKER E. A. Windeknecht — ADDRESS 2[illegible] Pennsylvania Ave.

Spec.—8-24-14—M. & T.—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84644

CERTIFICATE OF DEATH.

C84644

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Fell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Era Hepner

(Residence in Baltimore: No. 923 Fells St.; 1 yrs., 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec - 24, 1913 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 25 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, Michael Hepner

11-BIRTHPLACE OF FATHER (State or Country), Austria Hungary

12-MAIDEN NAME OF MOTHER Irene Barz

13-BIRTHPLACE OF MOTHER (State or Country), Balto MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Hepner.

(Address) 923 Fell St.

15-
Filed APR 20 1915, 191.. MARRY O. ANDREAS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 19 1915, that I saw her alive on April 19 1915 and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

Colitis Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) W. J. Power M. D.

April 19 191.. (Address) 2008 Bleecker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. | DATE OF BURIAL, April 20, 191.5

20-UNDERTAKER M. F. Sadowski. | ADDRESS 905 S. Ann St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84645

C846-5

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1543 Leslie ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Shipley

(Residence in Baltimore: No. 1543 Leslie St. St.; 16 yrs., 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 2, 1898
(Month) (Day) (Year)

7-AGE, 16 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bundle boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, William Shipley

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Gertrude Gould

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Shipley

(Address) 1543 Leslie St.

15- APR 20 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1915, to April 19 1915, that I saw h.im alive on April 18 1915, and that death occurred, on the date stated above, at 5.55 a.m.

The CAUSE OF DEATH* was as follows:

.....a.....
.....Tuberculosis.....P.B.....
.....Pneumonia.....Hemorrhage.....Lungs.....
..... (Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis Lungs
..... (Duration) yrs. 2 mos. 10 ds.

(Signed) Dr. G. W. Kennard M. D.

April 19 1915 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, April 21 1915.

20-UNDERTAKER Samuel Gough

ADDRESS 1347 Mary

D.A.K.

S.A.F.E.

Spec.—8-24-14—M. & T.—2000 Blks.

C84646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C84646

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet K Root

(Residence in Baltimore: No. 705 N Carey St.; 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 18th (Day), 1828 (Year)

7-AGE, 86 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York, N.Y.

PARENTS.

10-NAME OF FATHER, Abner Williams

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Samanthe Nash

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mustapha B. Williams

(Address) 905 N. Carey St.

15- Filed APR 20 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1915, to April 19 1915, that I saw h[illegible] alive on April 18 1915, and that death occurred, on the date stated above, at 2-10 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

April 19 1915. (Address) 2042 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	April 21, 1915
20-UNDERTAKER	ADDRESS
Geo. J. Smith	1000 N. Fayette St.

84647

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1917 84647

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 mc collok ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Taylor

(Residence in Baltimore: No. 1802 mc Collok St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 5mo June (Month) 1 (Day) ..... (Year)

7-AGE: 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: waiter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Taylor

(Address) 1802 Mc Collok St

15- APR 20 1915 Filed 191

HARRY O. ALDERMAN, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 18th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10, 1915, to, April 18 1915, that I saw him alive on April 18 1915, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

— (Duration) — yrs 2 mos — ds.

Contributory (SECONDARY): old age + exhaustion

— (Duration) — yrs 7 mos — ds.

(Signed) Edward J. Wheatley M. D.

April 191 5 [Address] 1230 Druid Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: April 2 191 5

20-UNDERTAKER: John A. Bishop

ADDRESS 1107 D Street Laurel

C84648 HEALTH DEPARTMENT--CITY OF BALTIMORE C84648

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1008 ~~W~~ Pine St St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Bell

(Residence in Baltimore: No. 1008 W. Pine St St.; yrs. 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. (Month) 20 (Day), 1914 (Year)

7-AGE: ..... yrs. 4 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Agnes Bell

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Grace Hall

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Bacon

(Address) Janet Hospital

15 APR 20 1915 Filed 191

HARRY C. ADKINS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 16 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1915, to April 16 1915, that I saw h.. alive on April 16, 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. 1 mos. 3 ds

Contributory (SECONDARY) Cardiac failure

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Walter Bacon M. D.

4/16/15, 191 (Address) Janet Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL | DATE OF BURIAL: APR 20 1915, 191

20-UNDERTAKER: Commissioner Health, | ADDRESS

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES.

is very important. See instructions on back of certificate.

C84649

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C84649

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 W. North Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan L. Dubant

(Residence in Baltimore: No. 713 W. North ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Oct. (Month) 3rd (Day) 1832 (Year)

7-AGE: 82 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Phila. Pa.

PARENTS

10-NAME OF FATHER: John Bender

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Sophie Pommerbuder

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry H. Dill

(Address) 713 W North Ave

15- APR 20 1915 Filed ..., 191... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20, 1915, to, Apr 20 1915, that I saw her alive on Apr. 20 1915, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Heart failure 20 min.
(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY): All age
(Duration) ... yrs dont Know mos. ... ds.

(Signed) H J Dalton M. D.

Apr 20 1915 [Address] 720 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: April 21st 1915

20-UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St

C84650

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 20

C84650

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 110 N. Clay ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry

Residence in Baltimore: No. 110 Clay st St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
Male	Mongolian	sigle

6-DATE OF BIRTH ..... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 6 1 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Laundry .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) China

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) China

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Sue

(Address) 217 Hanover St

APR 20 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 20, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1915, to April 19th 1915 that I saw h.. alive on April 18, 1915 and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Dysphrexia
Chronic
(Duration) — yrs. 1 mos. ..... ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Gorsuch M. D.

April 20, 1915 (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 24, 1915
20-UNDERTAKER	ADDRESS
E. M. Mitchell	125 W. Fayette

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84651 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 10 C84651

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Cor. Madison & Linden Ave. St.; H WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Grace Peiffer

Residence in Baltimore: No. 117 Dorchester Street St.; 27 yrs., 8 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July 21 (Month) ..... (Day) ....., 1887 (Year)

7-AGE, 27 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Telephone Operator .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robert Peiffer

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Ida High

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida B. Gardner .....

(Address) 117 Dorchester Ave .....

15- Filed APR 20 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1915, to April 19 1915, that I saw her alive on April 14 1915, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

...Perforated Gastric Ulcer.....

..... (Duration) ... yrs. ... mos. 1 ... day

CONTRIBUTORY (Secondary) Acute Peritonitis

..... (Duration) ... yrs. ... mos. 12 hrs.

(Signed) J. Earle Hull M. D.

191.. (Address) Cor Md & Linden Ave Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 117 Dorchester St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, April 21, 1915

20-UNDERTAKER Wm Cook — ADDRESS 502 E Nall Ave

C84652

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C84652

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 310 E. Randall ST.: 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Cora M. Martin

(Residence in Baltimore: No. 310 E. Randall St.: 50 yrs. 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan. 17 (Month) 17 (Day), 1865 (Year)

7-AGE: 50 yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Eden J Byrd

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Allemeda Parker

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C M Martin Wife
(Address) 310 E Randall

15-Filed APR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4th (Month) 19 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1915, to Apl. 18, 1915, that I saw h[er] alive on Apl. 18, 1915, and that death occurred, on the date stated above, at 1.30 p. m.
The CAUSE OF DEATH* was as follows:

La Grippe over 4
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Lobar Pneumonia
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Maurice Jones M. D.
Apl. 19, 1915 (Address) 4235 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 4/24, 1915

20-UNDERTAKER: J. Fdw McCully — ADDRESS: 39 E Fort

C84653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 C84653

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George C. Sauer

(Residence in Baltimore: No. 1924 E. Pratt St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February (Month) 17 (Day), 1860 (Year)

7-AGE, 55 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, John Geo Sauer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Barbara Melderfer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Sauer

(Address) 1924 E. Pratt

15- Filed APR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wounds of Abdomen

Homicide

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Marion Savage, M. D. (Coroner.)

Apr. 20, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 12 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Edmund Ave & Balto St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 22 1915
20-UNDERTAKER	ADDRESS
Stephen Fialkowski	1019 S. Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE X

C84654

CERTIFICATE OF DEATH.

120

C84654

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Klein

(Residence in Baltimore: No. 20 20 Aliceanna St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), ... (Year)

7-AGE, 77 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... St Josephs Hosp

(Address)..... Record

15- APR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 22 1915, to April 20 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis, Myocarditis, and Chr. Interstitial Nephritis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 6 days.

(Signed) H. H. Warner M. D.

April 20, 1915. (Address) St. Josephs Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 5 mos. ....ds. In the State ....yrs. 5 mos. ....ds.?

Where was disease contracted if not at place of death? Unknown

Former or usual residence Brother at 1158 Glenwood Ave Phila Pa.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Phila. Pa	April 22 1915
UNDERTAKER	ADDRESS
Wm Loth	502 E Monroe

Spec.—5-19-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84655 28 C84655

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Whatcoat ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Williams.

(Residence in Baltimore: No. 1210 Whatcoat st St.; 18 yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem. | 4-COLOR OR RACE. Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr 17, 1897 (Month) (Day) (Year)

7-AGE, 18 yrs. mos. 1 ds. If LESS than 1 day, hrs, or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Williams

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Annie Calhoun

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Williams

(Address) 1210 Whatcoat st

15- APR 20 1915 ROBERT . KRAUTER, Burial Permit Clerk

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 18th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16th 1915, to Apr 18th 1915 that I saw h[illegible] alive on Apr 18 1915, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F Brown M. D.

Apr 19, 1915. (Address) 1501 Presstman st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion | DATE OF BURIAL, April 20, 191..

20-UNDERTAKER James H. Dennis | ADDRESS 1303 Pierce

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

C84656 — 92 — C84656

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 N. 34th St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edoma Rosebery

(Residence in Baltimore: No. 853 N. 34th St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct. (Month) 13 (Day) 1848 (Year)

7-AGE: 66 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Kelly

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Junk

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Rosebery

(Address) 853 N. 34th

APR 20 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to, April 20 1915, that I saw h.. alive on April 20 1915, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ....yrs. ....mos. 16 ds.

Contributory (SECONDARY) Right - Hemiplegia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) R. B. Hamrick M. D.

4. 20 ,191.5. [Address] 3543 Auburn Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Md — DATE OF BURIAL: April 21, 1915

20-UNDERTAKER: H. S. Marshall — ADDRESS: 3539 Falls Rd

C84657

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C84657

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 914 Poplar Grove St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenie H. Tschudy

(Residence in Baltimore: No. 914 Poplar Grove St.: 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH July (Month) 27 (Day), 1856 (Year)

7-AGE 58 yrs. 8 mos. 22 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Hair-dresser.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country) Phil. Pa

PARENTS

10-NAME OF FATHER Ernst V. Tschudy

11-BIRTHPLACE OF FATHER (State or country) Paris, France

12-MAIDEN NAME OF MOTHER Marie L. Bertrand

13-BIRTHPLACE OF MOTHER (State or country) France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josie Conser.

(Address) 2521 N. Mosher St

15. Filed APR 20 1915, 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1914, to, Ap 18 1915, that I saw h[illegible] alive on Ap. 16, 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Adeno-carcinoma of uterus. Duration about (Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) General malnutrition (Duration) ... yrs. 5 mos. ... ds.

(Signed), Chas. C. Conser M. D.

4-19-, 1915 (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Lorraine Cem. | DATE OF BURIAL Apr 21, 1915

20-UNDERTAKER Jos R Cook | ADDRESS 1003 N. Calvert St

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84658 | CERTIFICATE OF DEATH. | 130 C84658

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Schroeder ST.) 18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Schanagl.

(Residence in Baltimore: No. 13 N. Schroeder St.) 49 yrs., (mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 27 (Day), 1843 (Year)

7-AGE, 71 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Schanagl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sabine Frank.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eliz. Schanagl

(Address) 13 N. Schroeder St.

15- Filed APR 20 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th, 1915, to April 20th, 1915, that I saw h[im] alive on April 20th, 1915, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 1 yrs. 1 mos. 12 ds.

(Signed) William Baker M. D.

Apr. 20, 1915. (Address) 914 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 23 1915
20-UNDERTAKER George J. Smith	ADDRESS 914 Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

C84659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x123 C84659

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Steele

(Residence in Baltimore: No. Westminster Md St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) (retired)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Steele

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Elizabeth Bams

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Bankard

(Address) Westminster Md

15- APR 21 1915 Filed ....., 191... MARY O. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 20 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at 10-14 Pm.

The CAUSE OF DEATH* was as follows:

.....

Uraemia X

..... (Duration) ...yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Stone in bladder X

..... (Duration) 10 yrs. — mos. ds.

(Signed) R L Johnson M. D.

April 20, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos 13 ds. In the State 55 yrs. mos. ds.

Where was disease contracted, if not at place of death? Westminster Md

Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster	4/24, 1915.
20-UNDERTAKER H Bankard & son	ADDRESS Westminster Md

Spec.—8-24-14—M. & T.—2000 Bks.

C84660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C84660

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Andre St. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Annie K. Mengerson

(Residence in Baltimore: No. 1406 Andre St. St.; 79 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. 17 (Month), ... (Day), 1835 (Year)

7-AGE, 79 yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Anton Stefel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Kurdt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Murray

(Address) 1406 Andre St.

15- Filed APR 21 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 20 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1915, to Apl. 21 1915, that I saw her alive on Apl. 20 1915, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Jones M. D.

Apl. 21, 1915 (Address) 4235 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery. DATE OF BURIAL, Apl. 23, 1915.

20-UNDERTAKER Robert J. Turner ADDRESS 1482 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84661

CERTIFICATE OF DEATH.

120 C84661

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Krimberg

(Residence in Baltimore: No. 1102 E. Pratt St. St.; 26 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Not known (Month) ; 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
67 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Coy

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Adam Wemberg

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Annie ?

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Head Mercy Hosp

(Address) Calvert St.

15- Filed APR 21 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1915, to Apr 20 1915, that I saw h[illegible] alive on Apr 20 1915, and that death occurred, on the date stated above, at 11:09 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward E. Smith M. D.

Apr 20 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1102 Pratt St

Former or usual residence 1102 Pratt St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Belair Road	4/21, 1915
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E. Balt

Spec.—8-24-14—M. & T.—2000 Bks.

C84662 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C84662

CERTIFICATE OF DEATH. 144

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 830 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Marks

(Residence in Baltimore: No. 830 Harford ave, St.; 1 yrs., 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Oct 27, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Marks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Stefler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Marks

(Address) 830 Harford Ave,

15- APR 21 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 16 1915, to Apr. 20 1915, that I saw him alive on Apr. 19 1915, and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Cellulitis

Neck

abt

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.

Apr 20, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 830 Harford Ave

Former or usual residence 830 Harford Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baetz Cem	Apr 21, 1915
20-UNDERTAKER	**ADDRESS**
Robt J Duncan	1042 N. Bdwy

C84663

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84663

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 608 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Gaines. (James L. Gaines)

(Residence in Baltimore: No. 608 Carroll St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown — (Month) — (Day) — 1 (Year)

7-AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Steelworker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Gaines

11-BIRTHPLACE OF FATHER (State or country): Md —

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Bell

(Address) 608 Carroll St

15- APR 21 1915 Filed ..... 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 18 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13, 1915, to, April 18 1915, that I saw h— alive on April 18 1915, and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

(1) Pneumonia Lobar

..... (Duration) ..... yrs ..... mos. 5 ds.

Contributory (SECONDARY) Heart Failure

..... (Duration) ..... yrs ..... mos. 5 ds.

(Signed), C. H. Flowers M. D.

April, 1915. [Address] 712 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: April 20th, 1915

20-UNDERTAKER: Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

C84664

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C84664

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 & S Stockton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Johnson

Residence in Baltimore: No. 10 S Stockton St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7-AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs., or m.n.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Waiter Driver
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophie Johnson

(Address) 10 S Stockton St

15- Filed APR 21 1915 191

MARY U. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 19 (Day) 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from [illegible], 191[illegible], to, April 19 1915, that I saw h[illegible] alive on April 19 1915, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Pulm Hemorrhage

(Duration) yrs. 6 mos. 2 ds.

(Signed) W. Norwood M. D.

April 20, 191 5 (Address) 39 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem

DATE OF BURIAL: April 21, 1915

20-UNDERTAKER: John J. Tickle

ADDRESS: [illegible] Lombard

Spec.—5-19-13—M. & T.—500 Bks.

C84665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Mt Royal Terrace ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte McKay Crane

(Residence in Baltimore: No. 2020 Mt Royal Terrace St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	widowed

6-DATE OF BIRTH, May (Month) 26 (Day), 1848 (Year)

7-AGE, 66 yrs. 10 mos. 24 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Alexander Turner

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Mary McKay

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eugene Hoskins

(Address) 2020 Mt Royal Terrace

15- HARRY O. ANDREWS,
Filed APR 21 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 19 1915, that I saw ~~her~~ alive on April 19 1915, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Colon Carcinoma

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonal Stenosis

(Duration) 6 yrs. mos. ds.

(Signed) Robt S Hoyt M. D.

April 20 1915. (Address) 819 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery | DATE OF BURIAL, Apl 22 1915.

20-UNDERTAKER H E Hughel | ADDRESS 17 S Broadway

C84666 HEALTH DEPARTMENT--CITY OF BALTIMORE C84666

CERTIFICATE OF DEATH

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 860 Rabory. St. 18 WARD)

2-FULL NAME Mary Ann Booker

(Residence in Baltimore: No. 860 Rabory St St.; 20 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: March 1st, 1874 (Month) (Day) (Year)

7-AGE: 41 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John Anderson

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Piland, M.D.

(Address) 2532 Edmondson Ave

15. APR 21 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to April 19 1915, that I saw her alive on April 17, 1915, and that death occurred, on the date stated above, at 12:40 a.m.

The CAUSE OF DEATH* was as follows:

Acute pneumonic phthisis

(Duration) — yrs. 1 mos. 15 ds

Contributory (SECONDARY) none

(Duration) yrs. mos. ds.

(Signed) Chester Piland, M.D.

April 19, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet. DATE OF BURIAL: April 21, 1915

20-UNDERTAKER: R E Parham ADDRESS: 830 George St

Is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84667

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84667

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 703 Druid Hill Ave St., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Schmidt.
(Residence in Baltimore: No. 703 Druid Hill Ave St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 26, 1846
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 24 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna K Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Phillipina Schmidt
(Address) 703 Druid Hill Ave

15-APR 21 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 18th 1915, to April 19th 1915, that I saw him alive on April 19th 1915, and that death occurred, on the date stated above, at 11 55 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia (Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis (Duration) — yrs. 6 mos. — ds.

(Signed) Edward J. Mackenzie M. D.

April 21st, 1915. (Address) 1229 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery
DATE OF BURIAL. Apr 22, 1915

20-UNDERTAKER Mrs. A Rohde & Son
ADDRESS 730 Gay St

C84668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70 C84668

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1830 Edmondson Ave ST.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel J. Roberts

(Residence in Baltimore: No. 1830 Edmondson Ave St.; 59 yrs. 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: June (Month) 19 (Day), 1856 (Year)

7 AGE: 59 yrs. 2 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9 BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John J. Roberts

11 BIRTHPLACE OF FATHER (State or country): Richmond, Va

12 MAIDEN NAME OF MOTHER: Sarah James

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie V. Smith

(Address) 1830 Edmondson Ave

APR 21 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 18 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1914, to April 18th 1915, that I saw h[illegible] alive on April 18, 1915, and that death occurred, on the date stated above, at 4.20 P.m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 6 yrs. 3 mos. 21 ds

Contributory (SECONDARY) Coma

(Duration) — yrs. — mos. 1 ds.

(Signed) Edw. Rummes M. D.

April 18, 1915 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	April 21, 1915
20 UNDERTAKER: [illegible]	ADDRESS: Lima & Nath

is very important. See instructions on back of certificate.

C84669

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84669

28

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 515 N. Monroe ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Hogan

(Residence in Baltimore: No. 515 N. Monroe St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Mar. 31, 1890 (Month) (Day) (Year)

7-AGE: 25 yrs. — mos. 18 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): Hard ware Store

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John E Hogan Sr

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mary A. McHugh.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A Hogan

(Address) 515 N. Monroe St.

15. Filed APR 21 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 19 April, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3d, 1914, to April 19th, 1915, that I saw him alive on April 19, 1915, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ..... yrs. 9 mos. 19 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. T Lummis M. D.

April 19, 1915 (Address) 537 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 22, 1915

20-UNDERTAKER: Martin Fahey & Sons ADDRESS: 606 Lafayette Ave

is very important. See instructions on back of certificate.

C84670

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84670

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 768 W. Hamburg, St.; 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Frank Schuetz

(Residence in Baltimore: No. 768 W. Hamburg St.; 16 yrs. 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Oct 16 15 (Month) (Day) 1898 (Year)

7-AGE: 16 yrs. 6 mos. 3 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Frank H Schuetz

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Frassa Loeahr

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos J Reinhart

(Address) 768 W Hamburg St

15- Filed APR 21 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191.4, to, April 19 191.5, that I saw h.....d alive on April 19 191.5, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 8 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Boyd M. D.

April 22 191.5 [Address] 612 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL 19 April 22 191.5

UNDERTAKER: Knell & Son — ADDRESS: 1729 W Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

C84671 **HEALTH DEPARTMENT—CITY OF BALTIMORE** x 92 C84671

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Albert Applebaugh

(Residence in Baltimore: No. Wilmington Del St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 4 (Day), 1851 (Year)

7-AGE, 63 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter & gen repair
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Indiana Co Penna

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Indiana Co Penna

12-MAIDEN NAME OF MOTHER Elizabeth Steinman

13-BIRTHPLACE OF MOTHER (State or Country), Indiana Co Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H M Rowe

(Address) 624 N Gilmor Baltimore

15- Filed APR 21 1915 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1915, to April 21 1915, that I saw h[illegible] alive on April 21 1915, and that death occurred, on the date stated above, at 11.40a m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia & Pyemia

(Duration) ....yrs. ....mos. 39 ds.

(Signed) W Caspari M. D.

April 21, 1915. (Address) 1603 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State (yrs.) mos. ds.

Where was disease contracted, if not at place of death? Wilmington Delaware

Former or usual residence Wilmington Delaware

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del. DATE OF BURIAL, Apr. 21, 1915

20-UNDERTAKER Stewart & Conway Co ADDRESS 108 E. North Ave

Spec.—5-19-12—M. & T.—500 Bks.

C84672

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84672

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2954 Freemont Ave ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Braud

(Residence in Baltimore: No. 2954 Freemont Ave St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, November 22nd, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Earl Dierberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Kaney

(Address) 2954 Greenmount Ave

15- Filed APR 21 1915 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 23rd 1914, to April 20th 1915, that I saw her alive on April 20th 1915, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(Duration) 5 yrs. mos. ds.

(Signed) Geo. M. Murgatroyd M.D. M. D.

April 20 1915. (Address) 2937 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, April 23rd 1915.

20-UNDERTAKER Lilly Zeiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

C84673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84673

REGISTERED No. C.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M Kastel

(Residence in Baltimore: No. 3022 E. Pratt St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ferdinand Kastel

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Mary Hesid

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Kastel

(Address) 3022 E. Pratt St

15-

Filed APR 21 1915, 191... HARRY O. ANDREWS, Marital Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4 19 1915, to 4 20 1915, that I saw h.. alive on 4 20 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia

(Duration) ....yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A Krauzenbach M.D.

4 20, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 3022 E Pratt St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, April 21, 1915

20-UNDERTAKER Lilly Zeiler — ADDRESS 408 S. Wolfe

Spec.—8-24-14.—M. & T.—2000 Blks.

C84674

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84674

CERTIFICATE OF DEATH.

41

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 W. Monument ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Conway

(Residence in Baltimore: No. 304 W Monument St St.: 63 yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, January (Month) 1st (Day), 1852 (Year)

7-AGE, 63 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bailiff
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, John R. Conway

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah Whitelock.

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella B. Conway

(Address) 304 W. Monument St

15-

Filed APR 21 1915, 191.... HARRY O. ANDREWS, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1914, to April 20 1915, that I saw h-im alive on April 19 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

Hx of D.M. & M.E.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from

(Duration) a few minutes yrs. mos. ds.

(Signed) Herbert Mason M. D.

4-21, 1915 (Address) 10 E. Chestnut St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery.	April 22, 1915.
20-UNDERTAKER Henry H. Jenkins Sons & Co	ADDRESS 1106 Lombard St.

Spec.—5-19-13—M. & T.—500 Bks.

C84675

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84675

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S. Longwood ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Lamnatowitz

(Residence in Baltimore: No. 334 Longwood St St.; ....yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ~~April~~ Jan 8 (Month) ~~17~~ (Day) 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Henry P Lamnatowitz

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Stella G. Neal

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry P Lamnatowitz

(Address) 334 Longwood

15-

Filed APR 21 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 19 1915, that I saw him alive on April 19 1915, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard Jones M. D.

April 20, 1915. (Address) Douglas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL April 21 1915

20-UNDERTAKER I B Hammett — ADDRESS 2238 Frederick Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84676

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84676

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Lemon St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred Conelius

(Residence in Baltimore: No. 1724 Lemon St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) ..... (Day), 1881 (Year)

7-AGE, 34 yrs. 4 mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Kelly

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Burns

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Conelius

(Address) 1324 Lemon St.

15-

Filed APR 21 1915, 191... HARRY O ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1914, to April 20 1915, that I saw h— alive on April 19 1915, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) E V Callahan M. D.

April 20, 1915. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Apl. 23, 1915

20-UNDERTAKER, John Howard & Son — ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Blks.

C84677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9r C84677

1-PLACE OF DEATH Franklin Sq. Hos. REGISTERED NO. C

CITY OF BALTIMORE: (No. 8 ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella R. Mills

(Residence in Baltimore: No. 302 S. Woodyear St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1845 (Year)

7-AGE, 70 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, James Stockel

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ella R. McCurdy

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G. Mills

(Address) 302 S. Woodyear

15- Filed APR 21 1915 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1915, to April 19 1915, that I saw her alive on April 19 1915, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Geo. H. Guard M. D.

4/19, 1915. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 302 Woodyear St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Apl. 22, 1915

20-UNDERTAKER John J. Howard & Son — ADDRESS 901 Dolphin St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84678 89 C84678

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 708 S Rose ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Augusta Lotterer

(Residence in Baltimore: No. 205 S Rose St.; ....yrs., 1 mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 9, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Louis Lotterer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Hagedorn

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Lotterer

(Address) 205 S. Rose

15- Filed APR 21 1915 By ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to April 21 1915, that I saw h-r alive on April 21 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....Acute Gastritis.....

..... (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary).....Bronchitis.....

..... (Duration).....yrs.....mos. Unk ds.

(Signed).....J. A. Vanuxem M. D.

April 21, 1915. (Address)....2461 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem

DATE OF BURIAL, Apr 23., 1915.

20-UNDERTAKER J Herring & Co

ADDRESS 2008 Mcon

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84679

CERTIFICATE OF DEATH.

91 C84679

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 N. Bradford ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Hohmann

(Residence in Baltimore: No. 134 N. Bradford St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Sept 5th, 1860 (Month) (Day) (Year)

7-AGE: 54 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS:

10-NAME OF FATHER: John Auerbacher

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hohmann

(Address) 134 N. Bradford

15- Filed APR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 19, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 19, 1915, that I saw h[illegible] alive on April 18, 1915, and that death occurred, on the date stated above, at 2:45 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward J. Koontz M. D.

4/19, 1915. (Address) 1313 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer DATE OF BURIAL: Apr. 22 1915

20-UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84680

CERTIFICATE OF DEATH.

170 C84680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Stricker St. 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Carlson (Carlson)

(Residence in Baltimore: No. 1126 Stricker St.; yrs. ..... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Aug (Month) 15th (Day), 1842 (Year)

7-AGE, 72 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jno. Bayer

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. S. Kohlhepp

(Address) 1176 N. Stricker St

15- Filed APR 21 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) / 20 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 4/7 1915, to 4/20 1915, that I saw her alive on 4/18 1915, and that death occurred, on the date stated above, at 11:30 a.m. A

The CAUSE OF DEATH* was as follows:

Peritonitis & Senile Dementia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema

(Duration) yrs. mos. 7 ds.

(Signed) H. Stanley Gorsuch M. D.

4/20, 1915 (Address) 561-22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Charles Petersville	Apr 23rd 1915
20-UNDERTAKER G. F. Waeber	ADDRESS 723 Cathedral

Spec.—8-24-14—M. & T.—2000 Blks.

C84681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C84681

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Apts ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca J. Tucker

(Residence in Baltimore: No. Mt Vernon + Washington Place St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: February 13th, 1833 (Month) (Day) (Year)

7-AGE: 82 yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: William B Tennup

11-BIRTHPLACE OF FATHER (State or Country): U.S.

12-MAIDEN NAME OF MOTHER: Anne Smith

13-BIRTHPLACE OF MOTHER (State or Country): Nantucket R.I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. D. McKim

(Address) Washington Apts

15- APR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1915, to April 21st 1915, that I saw her alive on April 20th 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia. Myocarditis.
Arteriosclerosis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. B. Gantt Jr. M. D.

April 21st, 1915. (Address) 3 E. Mt. Vernon Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL, April 22, 1915.

20-UNDERTAKER: Henry W. Justice Sons Co

ADDRESS: W. Fulton + Orchard Sts.

C84682

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84682

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 771 Sarah Ann St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Walker

(Residence in Baltimore: No. 771 Sarah Ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wilson Hack

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Priney Hack

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed APR 21 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) yrs. mos. ds.

(Signed) J. D. Peters M. D. (Coroner.)

March 2, 191.. (Address) 1132 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	APR 21 1915, 19..
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL

C84683

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C84683

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 124 Colvin ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Savelle

(Residence in Baltimore: No. 124 Colvin St

St.; yrs., / mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Widower

6-DATE OF BIRTH, ..., 7. (Month) ....., 1 (Day) ..... (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address).....

15- APR 21 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Apoplexy.

..... (Duration) ..... yrs. ..... mos. 1 X. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hh. H. Hitchcock M. D.
(Coroner.)
March 15, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY.

DATE OF BURIAL, APR 22 ....., 19....

20-UNDERTAKER Commissioner of Health.

ADDRESS

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84684

CERTIFICATE OF DEATH.

170 C84684

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Steamer Jaffa ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Unknown

6 DATE OF BIRTH ..... Unknown (Month) ....., 1 (Day) ..... (Year)

7 AGE, ... 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE, (State or Country) ..... Unknown

PARENTS.

10 NAME OF FATHER ..... Unknown

11 BIRTHPLACE OF FATHER (State or Country) ..... Unknown

12 MAIDEN NAME OF MOTHER ..... Unknown

13 BIRTHPLACE OF MOTHER (State or Country) ..... Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 FILED APR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH ..... April (Month) ..... 8 (Day) ....., 1915 (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... Inquest ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Asphyxia (Drowning)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Edw. Krauth M. D. (Coroner.)

April 8, 1915. (Address) 317 Leadenhall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: APR 21 1915, 191...

20 UNDERTAKER: Commissioner Health. ADDRESS

Per. Wm. F. WOODALL.

Important. See instructions on back of certificate.

C84685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C84685

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Ridgely to Street: Dennis 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Unknown

(Residence in Baltimore: No. Unknown St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Colored	Single

6 DATE OF BIRTH ..... Unknown ....., 1..... (Month) (Day) (Year)

7 AGE, 32 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or....min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE, (State or Country) Unknown

PARENTS.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or Country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed APR 21 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH April 7, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dead on Arrival at Penna.
Body found on Tennis Court
foot of Ridgely St (Dennis)
..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Elder Greenlaw M. D. (Coroner.)

April 8, 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL APR 21 1915

20 UNDERTAKER Commissioner Health. ADDRESS

C84686

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C84686

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 415 Courtland ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Chapman

(Residence in Baltimore: No. 415 Courtland St. 5 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored	Child

6-DATE OF BIRTH, Aug. 12, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Charles Chapman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Distance

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Lewis

(Address) 415 Courtland St.

15- Filed APR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Congenital)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Holtzhauer M. D.
(Coroner.)

April 21, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 23rd 1915
20-UNDERTAKER	ADDRESS
Felix B. Pfe	102 E. Mulberry St.

Spec.—6-24-14—M. & T.—2000 Bks.

C84687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84687

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Tyler

(Residence in Baltimore: No. 2214 Ellwp St St.; ....yrs. 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, July 12, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balt City

PARENTS.

10-NAME OF FATHER, Harry Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Blanche Compton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- APR 22 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 16 1915, to Apr. 21 1915, that I saw him alive on Apr. 21 1915, and that death occurred, on the date stated above, at 7.00 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Cont. (Duration) ....yrs. .... mos. 15 ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. .... mos. .... ds.

(Signed) Edward D. Smith M. D.

Apr 21, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. .... mos. 5 ds. In the State ....yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 2214 Ellwp St

Former or usual residence 2214 Ellwp St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Apr. 23rd 1915

20-UNDERTAKER Felix B. Pfe. — ADDRESS 102 E Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

C84688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

REGISTERED NO. C84688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Castle ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Gleason

(Residence in Baltimore: No. 206 S. Castle St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7-AGE: 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md Baltimore City

PARENTS.

10-NAME OF FATHER: Martin Schwanebeck

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gleason

(Address) 206 S. Castle st

15- Filed APR 22 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3rd 1915, to April 20th 1915, that I saw her alive on the 18th 1915, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(Duration) 1 yrs. mos. ds.

(Signed) Jacob L. Adams M. D.

4-22-1915. (Address) 3 A S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Apr. 22nd 1915.

20-UNDERTAKER Christian Miller ADDRESS 2337 Jefferson st

Spec.—5-19-13—M. & T.—500 Bks.

C84689

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84689

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Woodbrook Av St. 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L Weik (Sr)

(Residence in Baltimore: No. 2521 Woodbrook Av St.; 70 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, October 4 (Month), 4 (Day), 1876 (Year)

7-AGE, 88 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): (Butcher) L

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Weik (Jr)

(Address) 2521 Woodbrook Av

15-APR 22 1915 Filed..... 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 21st (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 16 1915, to Apr 21st 1915, that I saw him alive on Apr. 21st 1915, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy ? Paralysis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis ? old age

(Duration) ....yrs. ....mos. ....ds.

(Signed) C E Juett M. D.

April 21st, 1915. (Address) 1605 N. North Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Weston Cemetery — DATE OF BURIAL, Apr. 23 1915

20-UNDERTAKER Mrs A Rohde & Sons — ADDRESS 730 Balto

C84690

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C84690

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4137 N. Eutaw St. WARD) 21

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles F. Mertz

(Residence in Baltimore: No. 4137 N. Eutaw St.; 59 yrs. 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December 12, 1855 (Month) (Day) (Year)

7 AGE: 59 yrs. 4 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Glassblower
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Dietrich Mertz

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Schmidt

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence F. Mertz

(Address) 4137 N. Eutaw St.

APR 22 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 20, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1915, to April 20 1915, that I saw h- alive on April 20, 1915, and that death occurred, on the date stated above, at 6 — m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

April 22, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: April 23, 1915

20 UNDERTAKER: C. Lehlbach & Son | ADDRESS 1039 Hanover St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84691

CERTIFICATE OF DEATH.

12 C84691

1-PLACE OF DEATH University Hosp

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Lombard & Greene ST.; 96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Bosley

(Residence in Baltimore: No. 818 N Calhoun St.; (yrs., (mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 29 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alfred Neely

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Warner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dreaded

(Address) 818 N Calhoun St

15- APR 22 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4-20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-15 191 5, to 4-20 191 5, that I saw h alive on 4-20 191 5, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(Duration) yrs. mos. 5 ds.

X CONTRIBUTORY (Secondary) Bilateral Pyo-Salpinx Operation. (Duration) yrs. 4 mos. ds.

(Signed) M. L. Lichtenstein M. D.

4-20-, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? Forney

Former or usual residence 818 N Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Western Cem. | DATE OF BURIAL, April 23, 1915.

20-UNDERTAKER C. Schuman & Son | ADDRESS 1039 Hanover St.

84692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C84692

REGISTERED No. C

1-PLACE OF DEATH Williams Hair factory

CITY OF BALTIMORE (No. Williams St + Fredericksburg WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Labanz

(Residence in Baltimore: No. 318 Furrow St 13 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Hungary

PARENTS.

10-NAME OF FATHER, Paul Labanz

11-BIRTHPLACE OF FATHER (State or Country), Austro Hungary

12-MAIDEN NAME OF MOTHER Annie Crepe

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Labanz

(Address) 318 Furrow

15- Filed APR 22 1915 19 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jam. H. Gunster M. D. (Coroner.)

April 21, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 23, 1915
20-UNDERTAKER	ADDRESS
H. S. Funk	192 W. Pratt St

Spec.—5-19-13—M. & T.—500 Blks.

C84693

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Asteland Ave ST.) 1 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madlin Payne

(Residence in Baltimore: No. 1520 Asteland Ave. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 21 (Day), 1913 (Year)

7-AGE, 2 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Amos Travers

11-BIRTHPLACE OF FATHER (State or Country), Cape Charles, Va

12-MAIDEN NAME OF MOTHER Daisy Payne

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Payne

(Address) 1520 Asteland Ave

15- APR 22 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1915, to April 21 1915, that I saw h[illegible] alive on April 20 1915, and that death occurred, on the date stated above, at 3:40 a.m.

The CAUSE OF DEATH* was as follows:

Lag. Pleural Fever

About (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis, exhaustion

almost from birth (Duration) ....yrs. ....mos. ....ds.

(Signed) E. Crawford Bayle M. D.

April 21, 1915. (Address) 1906 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, April 24, 1915.

20-UNDERTAKER Robert A. Elliott

ADDRESS 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84694

APR 22 1915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84694

CERTIFICATE OF DEATH.

146 ~~46~~

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Holmes

(Residence in Baltimore: No. 1017 N. Bruce St St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 27 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Gasket

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jane Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15. APR 22 1915 Filed ....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1915, to Apr 21 1915, that I saw h.er alive on Apr. 21 1915, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(Operation Apr. 12 1915)

about (Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Vesico Vaginal Fistula

Dysentery (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P. Smith M. D.

Apr. 21, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 1 ds. In the State 10 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1017 N. Bruce St

Former or usual residence 1017 N. Bruce St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, April 22, 1915.

20-UNDERTAKER A. L. Brown's Son — ADDRESS 508 N. Monroe

C84695

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84695

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Sq. Hospt. ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Cawthon

(Residence in Baltimore: No. 1004 Sarah Ann St. 4 yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Jan. (Month) 14th (Day), 1911 (Year)

7-AGE, 4 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John W. Cawthon

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Alverta White

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alverta White

(Address) 1004 Sarah Ann St.

15- Filed APR 22 1915, 191.... HARRY O. ANDREWS, Registrar.

Burial Permit 0167

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns (Accident)
(Burning with matches)
(Duration) ....yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Tetanus Convulsions
(Duration) 11 hrs. ....mos. ....ds.

(Signed) Samuel J. Gentry M. D. (Coroner.)

April 20th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 18 ds. In the State 4 yrs. 3 mos. 6 ds.

Where was disease contracted, if not at place of death? 1004 Sarah Ann St.

Former or usual residence 1004 Sarah Ann St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 22 1915

20-UNDERTAKER Alfred Foreland ADDRESS 1628 Schroeder

Spec.—8-24-14—M. & T.—2000 Bks.

C84696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C84696

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Montebello Ave ST.; 9 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert M. Gilbert

(Residence in Baltimore: No. 2826 Montebello Ave St.; 60 yrs. 11 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 15 (Day) 1854 1857 (Year)

7-AGE, 60 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cashier
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, George Gilbert

11-BIRTHPLACE OF FATHER (State or Country), Harford Co

12-MAIDEN NAME OF MOTHER Louise Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Hartford Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert E. Gilbert

(Address) 510 N. Pulaski Ave.

15-

Filed APR 22 1915 HARRY O. MEEKINS, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl. (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March. 18 1915, to April. 20 1915, that I saw him alive on Mar. 18th 1915, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Uremia with Syncope

Exhaustion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) 7 yrs. 6 mos. 6 ds.

(Signed) William J. Gillespy M. D.

Apl. 20, 1915 (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, 4/23, 1915

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84697 C84697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 E. 31 St.; 9 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Anne Chaut

(Residence in Baltimore: No. 2027 E. 31st St.; Govanstown) (.....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, April 8th, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 0 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Robinson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Susan Stinton

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis B. Chaut

(Address) 2027 E. 31 St

15- Filed APR 22 1915, 191... HARRY O. ANDREWS, ~~Burial Permit Clerk~~ Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 20 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1st 1914, to Apr. 20 1915, that I saw her alive on Apr. 20 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

Dr. of Pth. a M.C.

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Duncan M. D.

Apr. 21, 1915. (Address) Govans, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem.	April 23 1915
20-UNDERTAKER	ADDRESS
Wm Cook	507 E. N. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84698

CERTIFICATE OF DEATH.

28 C84698

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. (Rear) 1119 Laurens ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Drube

(Residence in Baltimore: No. (Rear) 1119 Laurens St.) 34 yrs., 4 mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 8, 1880-1
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Street
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sweeper

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Cornelius Drube

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Dronner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Drube

(Address) 1119 Laurens St.

15- APR 22 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 28 1915, to April 21 1915, that I saw h.... alive on April 21 1915, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis
(Duration) ....yrs. 2 mos.....ds.

CONTRIBUTORY, (Secondary) Exhaustion
(Duration) ....yrs. 2 mos.....ds.

(Signed) Wm. F. Chute M. D.

April 21, 1915 (Address) 5 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	4/24, 1915
20-UNDERTAKER Williams Cook	ADDRESS 507 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C84699

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84699

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 O'Donnell St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Stockwisch

(Residence in Baltimore: No. 3007 O'Donnell St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 16, 1826 (Month) (Day) (Year)

7-AGE, 89 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hedmyer

(Address) 3007 O'Donnell

15- Filed APR 22 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1915, to April 20 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

+ Peritonitis

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Fitlow M. D.

April 21, 1915. (Address) —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, 4-22, 1915

20-UNDERTAKER Wm Boos — ADDRESS 507 E. Lan

C84700 HEALTH DEPARTMENT---CITY OF BALTIMORE C84700

CERTIFICATE OF DEATH

8 92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1003 E Lanvale ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Kirchner

(Residence in Baltimore No. 1003 E Lanvale St., Lifestream Mds. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 1 (Day) 1872 (Year)

7-AGE: 42 yrs. 8 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City Maryland

PARENTS

10-NAME OF FATHER: Christian Kirchner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Katerine Frey

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christian Kirchner

(Address) 300 N Carey St

Filed APR 22 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to, April 20 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C. V. Abey M. D.

April 21st 1915 [Address] 1008 Patterson Park

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: April 23 1915

20-UNDERTAKER: Josiah Lyon — ADDRESS: 1600 or North

Spec.—5-19-13—M. & T.—500 Bks.

C84701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 1 770 C84701

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (Hosp.) Mary Land General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Dutrey

(Residence in Baltimore: No. Sparrows Point St.; ...yrs.,... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day.
72 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worker
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

APR 22 1915 HARRY O. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1915, to April 20 1915, that I saw h[illegible] alive on April 20 1915, and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Cirrhosis Kidneys - Chr.

Interstitial Nephritis (Duration) ? yrs. ? mos. 2 ds.

(Signed) John S. Fulton M. D.

4/20, 1915 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Sparrow's Point

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	APR 21 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

C84702 HEALTH DEPARTMENT--CITY OF BALTIMORE 14 C84702

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 604 Lanvale ave ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalene Jones

(Residence in Baltimore: No. 604 Lanvale ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH: Oct (Month) 28 (Day), 1885 (Year)

7-AGE: 29 yrs. 5 mos. 23 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Philip Scott

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Fannie Jones

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M Alison Jones

(Address) 606 N Stephen St

15- APR 22 1915 Filed ..... 191.....

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to April 20 1915, that I saw her alive on April 20, 1915, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) ..... yrs. 1 mos. 20 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H. L. Smith M. D.

April 21, 1915 (Address) 1218 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
H Peters	April 23, 1915
20-UNDERTAKER	ADDRESS
Daniel Eagleri	916 Penna ave

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

084703 104 084703

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Eastern Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josepha H. Adamski

(Residence in Baltimore: No. 1415 Eastern Ave St.; ... yrs., 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 26, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 26 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), 1415 Eastern Ave Baltimore, Md

PARENTS.

10-NAME OF FATHER, Harry Adamski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Friger

13-BIRTHPLACE OF MOTHER (State or Country), Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Senkiewicz Jr

(Address) 131 S. Broadway

15- Filed APR 22 1915, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1915, to April 20th 1915, that I saw her alive on April 20 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Auto-Intoxication

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Alex. A. Senkiewicz M. D.

Apr. 24. 1915. (Address) 131 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. One mos. — ds. In the State — yrs. One mos. — ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 1415 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, April 22 1915

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 S Bond St

C84704

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84704

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 14 Hanover St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dent-

(Residence in Baltimore: No. 14 Hanover St- St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 6, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, W. H. Dent-

11-BIRTHPLACE OF FATHER (State or Country), St Mary Co. Md.

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Balto-

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dent-

(Address) 14 Hanover St

APR 22 1915 HARRY O. ANDREWS

Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Cronpus Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration).....yrs.....mos.....ds.

(Signed) Harry E. Myers M. D.
(Coroner)

....., 1915. (Address) 340 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 22, 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 55 Rogers Ave

IMPORTANT.—See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 14 Hewes ST.: .....WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dent.

(Residence in Baltimore: No. 14 Hewes St.: — yrs. 4 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
Male	Mulatto	Single.

6-DATE OF BIRTH Dec. (Month) 9 (Day), 1914 (Year)

7-AGE — yrs. 4 mos. 12 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Hurst Dent.

11-BIRTHPLACE OF FATHER (State or country) St. Mary's Co. Md.

12-MAIDEN NAME OF MOTHER Mary Jackson.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Dent.

(Address) 14 Hewes St.

15

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 20 (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1915, to, April 20, 1915, that I saw h~~im~~ alive on April 20, 1915, and that death occurred, on the date stated above, at 8.40 P m. The CAUSE OF DEATH* was as follows:

Pneumonia.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion from Carbon Dioxide Poisoning.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Hugh Forsythe M. D.

April 21, 1915 (Address) 1415 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery.	April 22, 1915
20-UNDERTAKER Robert A Elliott	ADDRESS 516 Rogers Ave

is very important. See instructions on back of certificate.

C84705

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84705

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 612 W. 33rd A ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Kerr

(Residence in Baltimore: No. 612 - W 33rd A St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Dec (Month) 19 (Day), 1844 (Year)

7-AGE: 70 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: E. E. Kerr.

11-BIRTHPLACE OF FATHER (State or country): Penna.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Kerr

(Address) 728 - W 34th

APR 22 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1915, to, April 20 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Left Lung)

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kelly M. D.

April 21, 1915 [Address] 58 E. Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loraine Cemetery

DATE OF BURIAL: April 22, 1915

20-UNDERTAKER: E. A. Friedfeld Jr.

ADDRESS: Greenmount Ave

C84706

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 C84706

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Clarkson ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen F. Wagner

(Residence in Baltimore: No. 1577 Clarkson St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: June (Month) 13 (Day) 1840 (Year)

7-AGE: 74 yrs. 10 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John Porter

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: D K

13-BIRTHPLACE OF MOTHER (State or country): D K

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Glasser

(Address) 1577 Clarkson St

APR 22 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1915, to, Apr. 21 1915, that I saw h.. alive on Apr. 21 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Infirmities of age.

(Duration) ..... yrs 8 mos. 14 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. 14 ds.

(Signed) J. Edward Ingalls M.D.

Apr. 22, 1915. [Address] 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: April 23, 1915

20-UNDERTAKER: Mas J. E. Evans & Sons

ADDRESS: 1428 E. Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

C84707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C84707

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. N. Broadway ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Elmer Woolf

(Residence in Baltimore: No. 713 N. Payson St.; 34 yrs., 6 mos. -- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) ..., 1880 (Year)

7-AGE, 34 yrs. 6 mos. ds. | If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): (Newspaper "Sun")

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Hattie Wells

(Address) 713 North Monroe

15- APR 22 1915 HARRY O. ANDREWS,
Filed ..., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to April 21 1915, that I saw him alive on April 21 1915, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Edema after Lungs

less than 1

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ?15 yrs. -- mos. ...ds.

(Signed) S. Faulkner Bayne-Jones M. D.

April 1, 1915. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State 34 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? in Baltimore

Former or usual residence Baltimore

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, 4/22 1915

20-UNDERTAKER Wm Cook | ADDRESS 502 E. Fath ave

Spec.—5-19-13—M. & T.—500 Bks.

C84708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C84708

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Wilhelm St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Barbara J. Dimler

(Residence in Baltimore: No. 2105 Wilhelm St.; __ yrs., __ mos. __ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 13, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 0 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sebastin Krieger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary L. Dryckiff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdalena Hauk

(Address) 2105 Wilhelm St

15- APR 22 1915 Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 7, 1915, to April 20 1915, that I saw h[illegible] alive on April 20 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No Operation

Pneumonia Chronic

(Duration) yrs. 3 mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. A. O'Neill M. D.

April 21, 1915. (Address) 108 N Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Cathedral Cemetery

DATE OF BURIAL, April 24th, 1915

20-UNDERTAKER [illegible]

ADDRESS [illegible]

C84709 HEALTH DEPARTMENT—CITY OF BALTIMORE 184 C84709

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2569 W. Lombard ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Lukinich

(Residence in Baltimore: No. 2569 W. Lombard St.: 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... April (Month) 19th (Day), 1891 (Year)

7-AGE	If LESS than 1 day,
24 yrs. mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Ludwig Matrias

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gabor Lukinich

(Address) 2529 W. Lombard St.

15- APR 22 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 20th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion
(Self Induced)
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Septichaemia
(Duration).....yrs. 1 mos.....ds.

(Signed) Samil Weinberg M. D.
(Coroner.)
April 21st, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	April 22, 1915
20-UNDERTAKER	ADDRESS
F. B. Kappert	1738 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~84710~~ 152084710

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 521 S. Regester ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Baby Barber

(Residence in Baltimore: No. 521 S. Regester St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 21 (Day), 1915 (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, — hrs., or 30 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Andrew Barber

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Carrie Armeling

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Barber

(Address) 521 S. Regester St.

15- Filed APR 22 1915 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21, 1915, to April 21 1915, that I saw h.... alive on April 21 1915, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Intrauterine asphyxia

(Duration) ....yrs. ....mos. —ds.

Contributory (SECONDARY) Premature separation of placenta + Breech presentation.

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. D. Plass M. D.

April 21 1915 [Address] J. H. Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: April 22 1915

20-UNDERTAKER: H. Sauder & Sons ADDRESS: 120 Reed St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84711 C84711

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Thames St. ST.: 3 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Sussman,

(Residence in Baltimore: No. 1506 Thames St. St. lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 12th. (Day), 1858 (Year)

7-AGE, 57 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Samuel

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Sarah Rose,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Sussman,

(Address) 1506 Thames St.,

15- APR 22 1915 HARRY O. ANDREWS,
Filed....., 191.. Special Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1915, to April 21 1915, that I saw her alive on March 31, 1915 and that death occurred, on the date stated above, at 8·30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 1 yrs. mos. ds.

(Signed) C. C. Rinck M. D.

April 22, 1915. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, April 23., 191.5

20-UNDERTAKER Hart & Sondheim

ADDRESS 1184 Wolfe St

C84712 HEALTH DEPARTMENT--CITY OF BALTIMORE C84712

CERTIFICATE OF DEATH 151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 516 Ethelwood Ave St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Frances Ruhl

(Residence in Baltimore: No. 516 Ethelwood Ave St.: ~ yrs. ~ mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: April 18, 1915 (Month) (Day) (Year)

7-AGE: ~ yrs. ~ mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ~
(b) General nature of industry, business, or establishment in which employed (or employer): ~

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Edward J. Ruhl

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Dorothy Martin

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward J Ruhl

(Address) 516 Ethelwood Ave

15. APR 22 1915 1915 HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 22, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1915, to April 22 1915, that I saw her alive on April 21, 1915, and that death occurred, on the date stated above, at 12.25 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ~ yrs. ~ mos. 4 ds

Contributory (SECONDARY) Right Acceptic Osteomyelitis Ilium

(Duration) ~ yrs. ~ mos. ~ ds.

(Signed) John Gundrum M. D.

Apr 22 1915 (Address) 102 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: April 22 1915

20-UNDERTAKER: H Sonder & Sons — ADDRESS: 1710 Pleasant St

is very important. See instructions on back of certificate.

C84713

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84713

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2936 St. Paul ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Delano Vanzsche.

(Residence in Baltimore: No. 2936 St. Paul ST. 78 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widowed

6-DATE OF BIRTH May (Month) 15 (Day), 1834 (Year)

7-AGE 80 yrs. 11 mos. 19 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Washington, D. C.

PARENTS

10-NAME OF FATHER Judah Delano

11-BIRTHPLACE OF FATHER (State or country) North Carolina

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Gelb, M. D.

(Address) 111 W. Lanvale St.

15. APR 22 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 20 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1915, to, April 20 1915, that I saw h[illegible] alive on April 20 1915, and that death occurred, on the date stated above, at 6.30 P.m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart.

(Duration) unknown yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute Pulmonary Congestion

(Duration) — yrs. — mos. 1 dy.

(Signed), Charles Gelb M. D.

April 20, 1915 (Address) 111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 23 1915
20-UNDERTAKER Joseph. Block	ADDRESS No. 3 N. Balto St.

IS VERY IMPORTANT. See instructions on back of certificate.

KODAK

C84714

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 C84714

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. S. Marine Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Thomas A. Kennedy

(Residence in Baltimore: No. W. S. Marine Hospital St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ? (Month) ? (Day) 1850 (Year)

7-AGE: 65 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Hospital Record.

(Address)

15- APR 22 1915 HARRY O. ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 21 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2 —, 1915, to, Apr. 21 1915, that I saw him alive on April 21 1915, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration: Unknown yrs. ... mos. ... ds.

Contributory (SECONDARY): —

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. P. Carter M. D.

4-21-, 1915 [Address] U. S. Marine Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death — yrs. 2 mos. 19 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence: Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Apl-22 1915

20-UNDERTAKER: W. E. Hughes — ADDRESS: 172 Broadway

084715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 084715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Pier 23 Locust Point ST.: 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mc Naney

(Residence in Baltimore: No. 717 E Fort Ave St.; 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 13 (Day), 1866 (Year)

7-AGE, 48 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Mc Naney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Doom

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Mc Naney

(Address) 717 E Fort Ave

15- Filed APR 22 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found in water Pier 23 Locust Point
3or 4 Month in water
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Accidental Drowning
(Duration) yrs. mos. ds.

(Signed) Edward Krantz M. D.
(Coroner.)

April 20 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, APR 23 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

C84716

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

C84716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hahnemann General Hospital, 1122 N. Mount street, St. 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Thelma Zepp,

(Residence in Baltimore: No. 2522 Francis street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Single,

6-DATE OF BIRTH, ... July (Month) ..... 6th (Day), 1899. (Year)

7-AGE. ..... 15 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housegirl,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER. Edward Zepp,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Lola Fowble,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lola Fowble Murphy, mother,

(Address) 2522 Francis street.....

15- Filed APR 22 1915 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Carbolic acid poisoning,
(suicide)
..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs.....mos.....ds.

(Signed) F. Frederick Wimpel (Coroner.) M. D.

April 22 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Pimlico Lead Carroll Co. Md. DATE OF BURIAL, Apr. 25 1915

20-UNDERTAKER Stewart & Mowen Co. ADDRESS 108 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684717

CERTIFICATE OF DEATH.

120 684717

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 740 George street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert T. Wilson,

(Residence in Baltimore: No. 740 George street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, ... August (Month) 18th (Day), 1860. (Year)

7-AGE, 54 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Mathew Wilson,

11-BIRTHPLACE OF FATHER (State or Country). Ireland,

12-MAIDEN NAME OF MOTHER Rebecca Morehead,

13-BIRTHPLACE OF MOTHER (State or Country). Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). William J. Wilson, brother,

(Address) 740 George street.....

15- Filed APR 22 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 22nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Chronic interstitial nephritis.,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Rampel (Coroner.) M. D.

April 22 1915. (Address) 1103 Valley st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, ..., 1915

20-UNDERTAKER W. A. Tittle ADDRESS 31 Fremont

C84718 HEALTH DEPARTMENT--CITY OF BALTIMORE C84718

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1113 Harlem Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet A. Musselman

(Residence in Baltimore: No. 1113 Harlem Ave St.: 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: October 20th, 1829 (Month) (Day) (Year)

7-AGE: 85 yrs. 6 mos. 2 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: John Musselman

11-BIRTHPLACE OF FATHER (State or country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Francis Galbraugh

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Eglebart MD

(Address) 701 N Carrollton Ave

Filed APR 22 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 22nd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16th, 1913, to April 22nd 1915, that I saw her alive on April 22nd, 1915, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy & Dilatation

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis.

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Howard Eglebart M.D.

April 22nd, 1915 (Address) 701 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 24, 1915.

20-UNDERTAKER: Geo W. Little — ADDRESS: 531 N Fremont Ave

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84719

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84719

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Loudon Av St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Rose E Tucker

(Residence in Baltimore: No. 100 Loudon Av St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown; 1 (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer). Municipal Obstetrical Nurse X

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Gustave Tucker

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Wheeler

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Miller

(Address) 100 Loudon Av

15- Filed APR 22 1915 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 191 5, to April 22 191 5, that I saw h[illegible] alive on April 22 191 5, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

April 22, 191 5. (Address) Burlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Apr 24 1915

20-UNDERTAKER Geo A Gerber — ADDRESS Baltimore Pa

Spec.—5-19-13—M. & T.—500 Bks

Margaretha Fotz

C84720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 C84720 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Connecticut Av ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha Fotz

(Residence in Baltimore: No. 3 Connecticut Av St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1840 (Year)

7-AGE, 75 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Hartman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Fotz

(Address) 3 Connecticut Av

15- APR 22 1915 Filed, 191.

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1910, to April 20 1915, that I saw her alive on April 20 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

April 22 1915. (Address) Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Apr 23, 1915

20-UNDERTAKER Geo A Gerber — ADDRESS Baltimore

684721

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 684721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital ST.: W WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Gilden

(Residence in Baltimore: No. 134 S. Chapel St. 4 yrs., 7 mos., 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 16 (Day), 1910 (Year)

7-AGE: 4 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto City Maryland

PARENTS.

10-NAME OF FATHER: Thomas Gilden

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Feinstein

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Gilden

(Address) 132 S. Chapel

15- Filed APR 23 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

X5

16-DATE OF DEATH: April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns

Cause unknown

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. M. Sarver (Coroner.) M. D.

Apr 22, 1915 (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. In the State 4 yrs. 7 mos. 5 ds.

Where was disease contracted, if not at place of death?

134 S Chapel St

Former or usual residence 134 S Chapel St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 23, 1915

20-UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84722

CERTIFICATE OF DEATH.

136 C84722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Dunphy

(Residence in Baltimore: No. 1023 Hillman St.; 4 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 10, 1894 (Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin Bradin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mara McGowan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Bradin

(Address) 1030 Hillman St.

15- Filed APR 23 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20. 1915, to April 21 1915, that I saw her alive on Apr. 21 1915, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Labor at term (Caesarian Section)
4 — 20 — 1915

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Ruptured Uterus, Hysterectomy 4-20-1915.

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P. Dunts M. D.

Apr. 21, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 4 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1073 Hillman St

Former or usual residence 1023 Hillman St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Apr. 24, 1915
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C84723 HEALTH DEPARTMENT—CITY OF BALTIMORE C84723

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 8 St. Jos. Hospital ST.; ..... WARD)
REGISTERED NO. C .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Kraus
(Residence in Baltimore: No. St. Joseph's Hospital St.; not for yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH February (Month) ..... (Day) 1826 (Year)

7-AGE 89 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Caspertius Kraus
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Mary Kraus
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lucy M. Kendrick
(Address) St. Jos. Hospital

15- APR 23 1915 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1914, to April 22 1915, that I saw h[illegible] alive on April 22 1915, and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Chronic Cardiac Dilatation
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
Nephritis (Duration) 2 yrs. ..... mos. ..... ds.
(Signed) Edward [illegible] M. D.
April 22, 1915 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 6 yrs. 5 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? St. Joseph's Hospital
Former or usual residence St. Joseph's Hospital

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery
DATE OF BURIAL, April 26, 1915.

20-UNDERTAKER Henry Hoerle Son
ADDRESS 1301 E Eager St

C84724 HEALTH DEPARTMENT—CITY OF BALTIMORE

C84724

CERTIFICATE OF DEATH.

Registered No. C .....

1-PLACE OF DEATH

City of Baltimore (No. 1704 Gough St.: 2 Ward)

2-FULL NAME John F. Wankmiller

(Residence in Baltimore: No. 113 North Rose

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 50 yrs., 2 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 25, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 27 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Ice Plant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William A. Wankmiller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Margaret Peiffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Wankmiller

(Address) 113 North Rose St.

15- Filed APR 23 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) David ... M. D.
(Coroner.)

Apr 22, 1915 (Address) 1116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Apr 25 1915

20-UNDERTAKER Lou Cook — ADDRESS 502 E Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84725

CERTIFICATE OF DEATH.

170 C84725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 St Paul ST. 17 WARD) REGISTERED No. C

2-FULL NAME Alice Lloyd Buchanan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1812 St Paul St St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: December 28, 1838 (Month) (Day) (Year)

7-AGE: 76 yrs. 3 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Wye House Talbot Co. Md.

PARENTS.

10-NAME OF FATHER: Admiral Franklin Buchanan

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Ann Catherine Lloyd

13-BIRTHPLACE OF MOTHER (State or Country): Wye House Talbot Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Hannis B. Owens

(Address): 1812 St Paul St.

15- Filed APR 23 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to April 22nd 1915, that I saw h[er] alive on April 21st 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Uterine Sclerosis

Intestinal Emphysema

Dyspepsia

(Duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 4 mos. ds.

(Signed) Chas B Grant M. D.

April 22nd, 1915. (Address) Hebron Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wye House Talbot Co. Md — DATE OF BURIAL: April 24, 1915.

20-UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: McCulloh & Arch

210.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84726

C84726

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Latrobe

(Residence in Baltimore: No. Stafford Hotel St.; ..yrs..mos..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... Jan. (Month) 1st (Day), 1851. (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 3 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lamb Mactier

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Emily Lenant

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. W. Williams

(Address) 42 N. Biddle St.

15- Filed APR 23 1915 19.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 21 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18 1915, to Apr. 21 1915, that I saw her alive on Apr 21 1915, and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward P. Smith M. D.

Apr. 21, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 3 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? Stafford Hotel

Former or usual residence Stafford Hotel

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	April 23rd, 1915

20-UNDERTAKER Henry H. Jenkins Sons Co — Woodlawn & Orchard Sts.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

684727 — 1 PLACE OF DEATH

1 30 684727 — REGISTERED No. C

CITY OF BALTIMORE (No. 1240 Mc Elderry St.; WARD) 5

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Hornstein

(Residence in Baltimore: No. 1240 Mc Elderry St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Unknown —, 1852 (Month) (Day) (Year)

7-AGE 63 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15- Filed APR 23 1915, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1913, to Apr 21, 1915, that I saw h[illegible] alive on Apr 21, 1915, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. 2 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) O. L. Hornstein M. D.

4/21, 1915 (Address) 733 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale | DATE OF BURIAL: 4/23, 1915

20-UNDERTAKER: Jack Lewis | ADDRESS: 1419 E Balt

is very important. See instructions on back of certificate.

E84728 HEALTH DEPARTMENT--CITY OF BALTIMORE E84728

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 805 Covington ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Griebel

(Residence in Baltimore: No. 805 Covington St.: 47 yrs. 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6-DATE OF BIRTH March 4, 1868 (Month) (Day) (Year)

7-AGE 47 yrs. 1 mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: Unkel.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles G. Griebel

(Address) 805 Covington St

15- Filed APR 23 1915 191

HARRY O. ANDREAS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to, April 22 1915, that I saw her alive on April 21, 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Oedema

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Contracted Kidney

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G B Burton M. D.

4-22, 1915 (Address) 301 East Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine — DATE OF BURIAL: April 25, 1915.

20-UNDERTAKER: Edw L Fanning — ADDRESS: 1460 Battery Av.

is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C84729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9r C84729

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. McCulloh St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Snyder

(Residence in Baltimore: No. 213 N. McCulloh St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, April 23 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): (None)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. E. Snyder

(Address) 121 N. McCulloh St.

15- Filed APR 23 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1915, to April 22 1915, that I saw h[illegible] alive on April 22 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) ... yrs. ... mos. 1 ds.

(Signed) R. D. Campbell M. D.

April 22, 1915 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, April 24, 1915

20-UNDERTAKER Robt J. Turner ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84730

CERTIFICATE OF DEATH.

91 C84730

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Jefferson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John H. Burgunz

(Residence in Baltimore: No. 1616 Jefferson St.; ..... yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Sept. (Month) 30th (Day), 1914 (Year)

7-AGE. ..... yrs. 6 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. H. Fred Burgunz

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Clara C. Rosbury

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. F. Burgunz

(Address) 1616 Jefferson St.

15- Filed APR 23 1915 HARRY O. ANDREWS, 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 22 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 14 191 5, to Apr 22 191 5, that I saw h[illegible] alive on Apr 22 191 5, and that death occurred, on the date stated above, at 12 25 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ... yrs. ... mos. 8 ds.

(Signed) Albert L. Lem M. D.

Apr 25, 191.. (Address) 120 E. Thom St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL, Apr. 24, 191 5.

20-UNDERTAKER Albert E. Fuller

ADDRESS 221 N Bradey

Spec.—5-19-13—M. & T.—500 Bks.

684731 HEALTH DEPARTMENT—CITY OF BALTIMORE 170 684731

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 906 N. Wolfe ST.) 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Rauch

3-(Residence in Baltimore: No. 906 North Wolfe St.; 52 yrs., 3 mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 22, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Rauch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Unger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Maggie Rauch
(Address) 906 N. Wolfe st

15- APR 23 1915 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1912, to April 22 1915, that I saw him alive on " " 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis
Many yrs
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Uraemia
(Duration) yrs. mos. ds.

(Signed) Geo. A. Hartman M. D.
(Apl. 22, 1915) (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County | DATE OF BURIAL, April 23, 1915

20-UNDERTAKER Zirkler Zirkler | ADDRESS 1739 E. Eager

084732 HEALTH DEPARTMENT—CITY OF BALTIMORE 084732

CERTIFICATE OF DEATH. REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)
2-FULL NAME William H Cutler
(Residence in ~~Baltimore:~~ No. Sanford, Virginia St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 5th (Day), 1848 (Year)

7-AGE 66 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.
10-NAME OF FATHER. Smith Cutler
11-BIRTHPLACE OF FATHER (State or Country). Va.
12-MAIDEN NAME OF MOTHER. Hattie Byrd
13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Cornelius H Cutler
(Address) Sanford Va

15- APR 23 1915 Filed ..... 191.....
HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary) Acute Dilatation
(Duration) ....yrs....mos....ds.
(Signed) Moses M Stevens M. D. (Coroner.)
Apr. 23 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Sedentary
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Pitts Wrf Virginia	Apr 23 1915
20-UNDERTAKER	ADDRESS
Fred A Krause	703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

C84733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111 C84733

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 532 N Lakewood ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marie N. Muller

Residence in Baltimore: No. 532 N Lakewood Ave St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) ..... (Day) 1 (Year)

7-AGE. 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Frank Zeigenheim

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ama Schlater

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Muller

(Address) 532 N Lakewood Ave

15- Apr 23 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 21 (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1915, to April 21 1915, that I saw her alive on April 21 1915, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Geo. Thomas M. D.

April 22, 1915. (Address) 1331 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cem DATE OF BURIAL, April 23, 1915.

20-UNDERTAKER W. J. Tuckwell & Son ADDRESS Pomeroy Md

Spec.—8-24-14—M. & T.—2000 Blks.

C84734 HEALTH DEPARTMENT—CITY OF BALTIMORE C84734

CERTIFICATE OF DEATH.

REGISTERED NO. C 82

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1236 Bayard ST.; 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Brokaw

(Residence in Baltimore: No. 1236 Bayard St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 34 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country) Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sarah L. Brown
(Address) 234 Bayard St.

15-
Filed APR 23 1915, 191.. HARRY O. ANDREWS, Registrar.
Burial Permit Mark.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to April 22 1915, that I saw h[illegible] alive on April 21 1915, and that death occurred, on the date stated above, at 3 a. m.
The CAUSE OF DEATH* was as follows:
Pernicious Anemia
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY Asthenia Senilis
(Secondary)
(Duration) yrs. 9 mos. ds.
(Signed) Theophilus Brown M. D.
April 24, 1915. (Address) 912 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, National Cemetery
DATE OF BURIAL, April 24, 1915
20-UNDERTAKER John J. Cowan
ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

C84735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C84735

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mary Cassard

(Residence in Baltimore: No. 1303 W Lanvale St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, April 22, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.
If LESS than 1 day, 7 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Cassard

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Rachel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE ~~IS~~ TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. M. Cassard

(Address) University Hospital

15-
Filed APR 23 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1915, to April 22 1915, that I saw him alive on April 22 191.5, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. 7 hours

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. M. Cassard M. D.

....., 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 7 hours In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1303 W Lanvale

Former or usual residence 1303 W Lanvale

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 24, 1915.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pratt

C84736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84736

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Druid Hill Park St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Schurer

(Residence in Baltimore: No. 3404 Auchentorly Terrace St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 17 (Day), 1853 (Year)

7-AGE, 62 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm C. Schurer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Sutter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas C. Schurer

(Address) 3404 Auchentorly

15 APR 24 1915 ROBERT . KRAUTER,
Filed....., 19 Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cortico Sclerosis

..... (Duration) .....yrs.....mos.....ds.

(Signed) Harry C. Haigis M. D.
(Coroner)

Apl 23 1915. (Address) 3649 Orlando Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apl 24 1915
20-UNDERTAKER	ADDRESS
Jno J. Feldmeier & Son	318 Light St

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ×120 C84737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Haines

Residence in Baltimore: No. Hotel Md. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, unknown; (Month) (Day) 1865 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Haines

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sault Bendale

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) virgel moore

(Address) denton md

15- APR 24 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22, 1915, to Apr 23, 1915, that I saw h— alive on Apr 23 1915, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate
Abscess perirectal ischiorectal
+ Myocarditis + Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Elmer L Woodcock M. D.

4-23-, 1915. (Address) Denton Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 31 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Hotel. Md.

19-PLACE OF BURIAL OR REMOVAL. Denton md Dorchester Co.

DATE OF BURIAL. April 24 1915

20-UNDERTAKER Galmett Goodwin

ADDRESS 142 N Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

C84738

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Blaise

(Residence ~~in Baltimore~~: No. Wilhelm Park Md. St.; 18 yrs. ~~11~~ mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 15, 1896
(Month) (Day) (Year)

7-AGE, 18 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Blaise

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Weitman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St.

15- Filed APR 24 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22 1915, to Apr. 23 1915, that I saw him alive on Apr. 23 1915, and that death occurred, on the date stated above, at 7:25 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Do not know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edward P. Smith M. D.

Apr. 23, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. Life ds.

Where was disease contracted, if not at place of death? Wilhelm Park Md.

Former or usual residence Wilhelm Park Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 4/26 191.6

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. North

Sp...—8-24-14—M. & T.—2000 Bks.

C84739 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 C84739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Woodbrook Av ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian J Conradt

(Residence in Baltimore: No. 2839 Woodbrook Ave St.; 78 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) ....., 1837 (Day) (Year)

7-AGE,	If LESS than 1 day,
78 yrs. 2 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frederick Conradt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emmie Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geneva S. Conradt

(Address) 2839 Woodbrook Ave

15- APR 24 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15 1915, to Apr 22 1915, that I saw him alive on Apr 22 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Heart disease

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. mos. ds.

(Signed) Marvin Foote M. D.

4-23, 1915. (Address) 2731 Parkwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, April 25, 1915

20-UNDERTAKER Hancock ADDRESS 503 E. Martin

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84740

CERTIFICATE OF DEATH.

74 C84740

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lindell

(Residence in Baltimore: No. 1410 E Lexington St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown, (Month) (Day) 1853 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Gross

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lutetia Gross

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. White

(Address) 1410 E. Monument St.

15 APR 24 1915 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 4 1914, to Apr 21 1915, that I saw h alive on April 21 1915, and that death occurred, on the date stated above, at 8,15 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Endocarditis, (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) acute Dilatation of the Heart

3 days (Duration) ....yrs. ....mos. 3 ds.

(Signed) J. Edward Dishu M. D.

April 21, 1915. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 23rd, 1915.

20-UNDERTAKER Chas. H. Bailey — ADDRESS 1431 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84741

CERTIFICATE OF DEATH.

120 C84741

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Neal

(Residence in Baltimore: No. 1616 W Lafayette Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 27th (Day), 1853 (Year)

7-AGE, 61 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Neal

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Whitaker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Vesta Neal

(Address) 1616 W. Lafayette Ave

15- Filed APR 24 1915, 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 191 5
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 23 191 5, to Apr. 22 191 5, that I saw h[illegible] alive on Apr. 22 191 5, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema of Legs

(Duration) 0 yrs. 1 mos. ds.

(Signed) Edward L. Jenick M. D.

Apr 22, 191 5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1616 W Lafayette Ave

Former or usual residence 1616 W Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, Apr. 24th, 191 5.

20-UNDERTAKER G. F. Walker

ADDRESS 1330 Ryf Ave

Spec.—5-19-13—M. & T.—500 Blks.

C84742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C84742

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Castle ST.; 7 WARD) (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Kotwald

Residence in Baltimore: No. 806 N. Castle st aft St.; 50 yrs.,..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... December ..... Unknown ..... (Month) (Day) (Year)

7-AGE, 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home work .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jos (Unknown)

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kotwald

(Address) 806 N. Castle St

15- Filed APR 24 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 21 ....., 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 191 5, to April 21 191 5, that I saw h Sr alive on April 21 191 , and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) D. H. Covel M. D.

4-22 1915, (Address) 2008 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill cemetary

DATE OF BURIAL, April 24. 1915.

20-UNDERTAKER W T Hartley

ADDRESS 2012 E Madison st

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84743

C84743

28

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 Gough ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grazie Marchitanna

(Residence in Baltimore: No. 1429 Gough St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE. 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Italy

PARENTS.

10-NAME OF FATHER, Peter ?

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Anna ?

13-BIRTHPLACE OF MOTHER (State or Country) Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerlando Marchitanna

(Address) 1429 Gough St.

15- APR 24 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Jones (Coroner) M. D.

Apr 23, 1915 (Address) 2116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents	April 24, 1915
UNDERTAKER Wendell Lippold & Son	ADDRESS 373 Aisquith

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C8-1744 — 64 C8-1744

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 110 N. Poppleton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Sheppard

(Residence in Baltimore: No. Lifetime. 110 N. Poppleton St.; Yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 12 (Day) 1840 (Year)

7-AGE: 74 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred C. Sheppard

(Address) 36 Gorman Ave

15- Filed APR 24 1915 ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1914, to, Apr 23 1915, that I saw him alive on Apr 22 1915, and that death occurred, on the date stated above, at 1-27 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs 6 mos — ds.

Contributory (SECONDARY): Cerebral Hemmorrhage

(Duration) yrs 5 mos 1 ds.

(Signed), Henry C. Ohlf M. D.

Apr 23, 1915. [Address] 1208 W. Fayette St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL: April 25 1915

20-UNDERTAKER: George J. Smith — ADDRESS: Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84745

CERTIFICATE OF DEATH.

19 C84745

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Bond St., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha Kohlhepp

(Residence in Baltimore: No. 1535 N. Bond St.; unknown.

.....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: February 24th, 1835. (Month) (Day) (Year)

7-AGE: 80 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown, Krause

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret C Ohlgart

(Address) 1538 N. Bond St

15. APR 24 1915 ROBERT . KRAUTER,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1915, to April 22 1915, that I saw her alive on April 22 1915, and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows:

Endo-carditis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. W. Mackenzie M. D.

April 23 1915. (Address) 1538 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 26, 1915.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

Dr Savage
603 E Balto

684746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED NO. C 684746

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 644 Sutton St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella L. Sawyer

Residence in Baltimore: No. 1935 Herbert St.; yrs. 43 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 27, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 1 mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Powers

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Nania Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry A. Sawyer
(Address) 1935 Herbert

15 APR 24 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Moses W. Savage, M. D.
(Coroner.)
Apr. 23, 1915. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Peters
DATE OF BURIAL, 4/26, 1915

20-UNDERTAKER William Cook
ADDRESS 502 N. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84747

CERTIFICATE OF DEATH.

156 C84747

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1609 W. Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Yeatman

Residence in Baltimore: No. 1609 W. Mulberry St.; yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 7 (Day) 1860 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William H. Yeatman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary R. Terrell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Yeatman

(Address) 1609 W. Mulberry

15- Filed APR 24 1915, 191. ROBERT . GRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Asphyxia

(Probably Suicide)

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) Saml Wamberg (Coroner.) M. D.

April 23rd, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, 4/25, 19.15

20-UNDERTAKER, William Cook

ADDRESS 508 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84748

CERTIFICATE OF DEATH.

79 C84748

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Medley

(Residence in Baltimore: No. 532½ Greenmeadow St.; ....yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July 18 (Month) (Day), 1846 (Year)

7-AGE, 68 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Saloonen.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Moses Medley.

11-BIRTHPLACE OF FATHER (State or Country), unknown md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed APR 24 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23 (Month) (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 22 191 5, to Apr. 23 191 5, that I saw h alive on Apr. 23 191 5, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Cysto Nephritis

Mitral insufficiency

(Duration) 1 yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cystitis & Pyelitis

(Duration) yrs. mos. 17 ds.

(Signed) Frank G. Evans M. D.

April, 191.5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 32 ds. In the State 68 yrs. 9 mos. 5 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 532½ Greenmeadow St.

19-PLACE OF BURIAL OR REMOVAL, St Mary Prod

DATE OF BURIAL, April 24 1915

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

C84749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C84749

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 S. Howard St. ST.; 23rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Lizzie Waters

(Residence in Baltimore: No. 1023 S Howard St St.; 2 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September (Month) (Day) 1912 (Year)

7-AGE, 2 yrs. 7 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, George Waters

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Ross

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Waters

(Address) 1023 S Howard St

15- Filed APR 24 1915 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22 (Month) (Day) 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 21 1915, that I saw her alive on April 21 1915, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph A. Baker M. D.

4-23, 1915. (Address) 118 N. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 24 1915.

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Little Rock St

Spec.—5-19-13—M. & T.—500 Bks.

C84750 HEALTH DEPARTMENT—CITY OF BALTIMORE 170 C84750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 626 Archer ST.; 21 WARD)
2-FULL NAME Mary Banks
(Residence in Baltimore: No. 626 Archer St.; ...yrs,...mos....ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, Blk
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married
6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ....., 1..... (Year)
7-AGE 57 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.!
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas R Banks
(Address) 810 N Pratt St

15-
Filed APR 24 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 2, 191.., to Apr 22 191 5
that I saw her, alive on Apr. 19. 1915.
and that death occurred, on the date stated above, at 9a. m.
The CAUSE OF DEATH* was as follows:
Cardiac Asthema
(Duration) ...yrs. No Mos. ...ds.
CONTRIBUTORY (Secondary) Chron. Nephritis
(Duration) ...yrs. 1 mos. ...ds.
(Signed) John G Schwenstberg M. D.
Apr 22, 191 5 (Address) 1120 W Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery DATE OF BURIAL, April 25 1915
20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Pa Av

Spec.—5-19-13—M. & T.—500 Bks.

084751 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 084751

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 450 Pinkney Place ST.; 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gardner

(Residence in Baltimore: No. 450 Pinkney Place St.: — yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Gardner

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Gardner

(Address) 408 Pinkney St

15-

Filed APR 24 1915 19 HARRY O. ANDREWS, Burial Permit Otcr's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1915, to April 23 1915, that I saw h.. alive on April 23 1915, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

..... Inflamatory Rheumatism

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... W. W. Peard M. D.

April 24 1915. (Address) 5 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mon Cathedral	April 26, 1915
20-UNDERTAKER	ADDRESS
E. A. Friedfeld & Co	2118 Guilford Ave

C84752 HEALTH DEPARTMENT—CITY OF BALTIMORE 165 C84752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hosp ST.: 1 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Smith,

(Residence in Baltimore: No. 631 S Montford ave St.; yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 27th (Day), 1876 (Year)

7-AGE. 38 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Theil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E M Smith

(Address) 631 S Montford Ave

15- Filed APR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Arsenical Poisoning (Accident) taken through mistake

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Elgete J Russell M. D. (Coroner.)

April 22nd 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State 38 yrs. 6 mos. 26 ds.

Where was disease contracted, if not at place of death? 631 S Montford Ave

Former or usual residence 631 S Montford Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	April 25 1915
20-UNDERTAKER Peter Nicolaus	ADDRESS 2146 Eastern Av

Spec.—5-19-13—M. & T.—500 Bks.

C84753

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 C84753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W. Lee. ST.; 27 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence McKay

(Residence in Baltimore: No. 524 W. Lee St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 18. (Day), 1865 (Year)

7-AGE, 49 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Works
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West India

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah McKay

(Address) 524 W. Lee St.

15- APR 24 1915 Filed, 191 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 15. 1915, to Apr. 23d 1915, that I saw him alive on April 23, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Primary — Paraplegia

Immediate Exhaustion

(Duration) yrs. mos. 39 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 39 ds.

(Signed) J. P. Strong M. D.

4/23, 1915 (Address) 638 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 26, 1915

20-UNDERTAKER M. Doyle & Son ADDRESS 156 Lee St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84754 C84754

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Bounty lane ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Handy.

(Residence in Baltimore: No. 1433 Bounty lane. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, ..Unknown.. (Month) ....., 18.40 (Day) (Year)

7-AGE, ..75.. yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..House wife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nath. Handy

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Laura Handy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Handy

(Address) 1433 Bounty lane.

APR 24 1915

Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..April.. (Month) ..22.. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1915, to April 22 1915, that I saw h.. alive on April 22 1915, and that death occurred, on the date stated above, at 8 45 p m.

The CAUSE OF DEATH* was as follows:

..Lobar Pneumonia.....

.....

.....

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

Exposure & debility (Duration) ....yrs. ....mos. ....ds.

(Signed) Richard J. D. Eschinger M. D.

April 23 1915 (Address) 1514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery | DATE OF BURIAL, April 25 1915

20-UNDERTAKER Milton Davis | ADDRESS Not Given

C84755 HEALTH DEPARTMENT—CITY OF BALTIMORE 80 C84755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
(a) CITY OF BALTIMORE (No. 126 S. Arlington Ave ST.) 18 WARD)
2-FULL NAME Joseph A. Gibson
(Residence in Baltimore: No. 126 S. Arlington Ave

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 7 yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Dec (Month) 27 (Day), 1861 (Year)

7-AGE, 53 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B & O.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Thomas Gibson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Major

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Alice Gibson
(Address) 126 S. Arlington Ave

15- Filed APR 24 1915, 191. DANIEL O ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lingula Pictoris

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Saml. Winters M. D. (Coroner)

April 22nd 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park
DATE OF BURIAL, April 25th 1915.

20-UNDERTAKER John J. Fields
ADDRESS 1200 N. Lombard

C84756

HEALTH DEPARTMENT—CITY OF BALTIMORE

102 C84756

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen F. Brown

(Residence in Baltimore: No. 1325 W. Pratt.

St.: ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 16th (Day), 1869 (Year)

7-AGE, 45 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William F. Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Losby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R. M. Brown

(Address) 1325 W. Pratt St.

15- APR 24 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Gastric Ulcers

(Duration)....yrs....mos....ds.

(Signed) Sam'l Hunter M. D.
(Coroner)

April 23rd, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State 45 yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

1325 W. Pratt St.

Former or usual residence 1325 W. Pratt St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Mary's Hamden	April 25 1915
20-UNDERTAKER	ADDRESS
J. B. Cook	1003 N. Balto St

C84757

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84757

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2742 W. Lafayette Ave ST.) 16 (WARD)

2-FULL NAME Florence Townsend (Townsend)

(Residence in Baltimore: No. 2742 W. Lafayette Ave St.: — yrs. 6 mos. — ds.)
In charge of the Henry Watson children's aid Society.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH June 23, 1914 (Month) (Day) (Year)

7-AGE — yrs. 10 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) St Clair Pa.

PARENTS

10-NAME OF FATHER Charles Collins

11-BIRTHPLACE OF FATHER (State or country) Not Known

12-MAIDEN NAME OF MOTHER Georgie Townsend

13-BIRTHPLACE OF MOTHER (State or country) St Clair Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Alda Armstrong
Childrens aid Society
(Address) 16 St Paul St.

15. APR 24 1915 191 HARRY O. ANDREWS, Burial Permit Clerk
Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 23d, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1915, to April 23d 1915, that I saw her alive on April 23d, 1915, and that death occurred, on the date stated above, at 6.20 P.m.
The CAUSE OF DEATH* was as follows:

Pneumonia from Acute Abscess of Left chest Wall, and Pleurisy

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Cancer of Breast

(Duration) — yrs. — mos. 15 ds.

(Signed) Maurice F. Thompson M. D.

April 24, 1915. (Address) 548 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore | DATE OF BURIAL April 24, 1915

20-UNDERTAKER Jos B. Cook & Co. | ADDRESS 1003 W Balto St

It is very important. See instructions on back of certificate.

C84758 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

62 C84758

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2524 W. Fairmount Ave ST.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lewis Ehrman

(Residence in Baltimore: No. 2524 W. Fairmount Ave St.; ... yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 5 (Month) (Day), 1877 (Year)

7-AGE: 42 yrs. 9 mos. 17 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Work Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Lewis Ehrman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Virginia Homan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hazel Ehrman

(Address) 2524 W Fairmount Ave

15. APR 24 1915 Filed ... 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 5, 1915, to April 22 1915, that I saw h[illegible] alive on April 22 1915, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Locomotor-Ataxia

(Duration) 10 yrs. ... mos. ... ds

Contributory (SECONDARY) Valvular Disease

(Duration) ... yrs. ... mos. ... ds.

(Signed) William Frauenglass M. D.

April 22 1915 (Address) 1407 N Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apl. 25 1915

20-UNDERTAKER: H E Hughes

ADDRESS: 17. S Broadway

is very important. See instructions on back of certificate.

C84759

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 C84759

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1914 E. Baltimore ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Montgomery Hopkins

(Residence in Baltimore: No. 1914 E. Baltimore St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Feb. (Month) 20 (Day), 1831 (Year)

7-AGE 84 yrs. 7 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Samuel Hopkins

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Nancy Hall

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam'l. Hopkins

(Address) 1914 E. Baltimore St.

APR 24 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 23-, 1915 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 5-, 1914, to April 23- 1915, that I saw h im alive on April 22-, 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Epithelioma, skin (face)
Chronic Bronchitis.
(X Ray + Radium Treatment.)

(Duration) 4 & 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Senility (supposed)

(Duration) about 2 yrs. — mos. — ds.

(Signed) J. Brandt Wiener M. D.

April 23, 1915 (Address) 1426 North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apl 25 1915

20-UNDERTAKER: W. E. Hughes — ADDRESS: 17 S. Broadway

is very important. See instructions on back of certificate.

Spec —5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84760

CERTIFICATE OF DEATH.

C84760

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hill

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs.,....2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...January (Month) 24 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
....yrs....2 mos....28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....St Vincents.....

(Address)....1701 Division St.....

15-

Filed APR 24 1915 HARRY O. ANDREAS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 23 1915, that I saw h in alive on April 22 1915, and that death occurred, on the date stated above, at 9.30A m.

The CAUSE OF DEATH* was as follows:

.....

.....Malnutrition & Malassimilation

.....

..... (Duration) ....yrs....2 mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs.....mos.....ds.

(Signed) Elmer G. Hall M. D.

....., 191... (Address) 1617 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 15 ds. In the State ....yrs. 2 mos. 28 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Apr 24 1915

20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Av

Spec.—5-19-13—M. & T.—500 Bks.

C84761

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 C84761

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asyl. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Edmunds.

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs., 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 22 (Day), 1914 (Year).

7-AGE, ...yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... St. Vincents.....

(Address)... 1401 Division St.....

15- APR 24 1915 Filed....., 191.... HARRY C. ANDREWS, Marial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19th 1915, to April 22 1915, that I saw her alive on April 22 1915, and that death occurred, on the date stated above, at 11.00 P m.

The CAUSE OF DEATH* was as follows:

.....

Bronchio pneumonia

.....

..... (Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration)....yrs....mos....ds.

(Signed)... Elmer G. Hall ....M. D.

April 23, 1915. (Address)... 1612 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 25 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincent Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Apr. 24, 1915.
20-UNDERTAKER	ADDRESS
M Foley & Sons	606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C84762

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Wing

Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs.... mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... April (Month) 6th (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....15 ds.	....hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- APR 24 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 21st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 1915, to April 21 1915, that I saw him alive on April 21st 1915, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Congenital Syphilis

.....

..... (Duration).....yrs.....mos...15...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed)...Elmer G. Hall.....M. D.

April 22, 1915. (Address)...1617 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. 15 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincent's Infant Asylum

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Apr. 24, 1915
20-UNDERTAKER	ADDRESS
M. Fahey & Sons	606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84763 HEALTH DEPARTMENT—CITY OF BALTIMORE

50 C84763

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Gittings St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ....., Annie Levi,

(Residence in Baltimore: No. 4 Gittings St., St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	single

6-DATE OF BIRTH, ...Nov.... (Month) ....7th.... (Day) ..., 1867. (Year)

7-AGE.	If LESS than 1 day,
47 yrs. 5 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Israel Levi,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Hannah Funkenstein,

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Mrs. J.Wachtel.....

(Address)....163rd St....N.Y.....

15- Filed APR 24 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1914, to April 22 1915, that I saw h[er] alive on April 22 1915, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Malignant (Duration)...yrs....mos....ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration)...yrs....mos. 2 ds.

(Signed) R. R. Campbell M. D.

April 23 1915 (Address) 644 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oheb Shalom,	April 25th, 1915

20-UNDERTAKER	ADDRESS
H. Sondheim	118 Albemarle Road

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684764 684764

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Payson St. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Parrill

(Residence in Baltimore: No. 1717 N. Payson St. St.; Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October 13th. (Month) (Day), 1887 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 6 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): WHOLESALE MILLINERY

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Isaac Parrill

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Rosie Rashbaum

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr M Parrill,

(Address) 1717 N. Payson St.

15- Filed APR 24 1915, 191. HARRY O ANDREAE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd. 1915. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1915, to Apr 23 1915, that I saw him alive on April 23 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Ac Cardiac Dilatation

(Duration) yrs. mos. 2 ds.

(Signed) W D Olmstead M. D.

4/x3 1915. (Address) 1816 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew Cem	Apr 25, 1915
20-UNDERTAKER	ADDRESS
Dick Sodbine	1810 Mt Royal Ave

C84765

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84765

CERTIFICATE OF DEATH

92

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 113 S Wolf St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas A Smith

(Residence in Baltimore: No. 113 S Wolf St St.: type mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 14th (Month) (Day), 1900 (Year)

7-AGE: 14 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Baltimore City Md.

PARENTS

10-NAME OF FATHER: Joseph Smith

11-BIRTHPLACE OF FATHER (State or country): Canada

12-MAIDEN NAME OF MOTHER: Cary Chase

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Theodore White

(Address) 113 S Wolfe St

15. APR 24 1915 191 HARRY O. ANDERS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 22 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1915, to, April 22 1915, that I saw h— alive on April 22, 1915, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Gastro - Enteritis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Dr. M. Bonne M. D.

April 23, 1915 (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: April 25, 1915

20-UNDERTAKER: Theodore White — ADDRESS: 113 S Wolfe St

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

gr C84766

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 L. Green St., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Augustus

(Residence in Baltimore: No. 602 L. Green St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Maard

6-DATE OF BIRTH, Don't Know (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, John augustus

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Ellen Ketter

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Hall

(Address) 602 S green st

15-

Filed APR 24 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 21 1915, that I saw h[illegible] alive on April 21 1915, and that death occurred, on the date stated above, at 2.20 p m.

The CAUSE OF DEATH* was as follows:

(Pulmonia Edema)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 8 ds.

(Signed) Howard Hurlburt M. D.

April 21 1915. (Address) 1 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount auburn

DATE OF BURIAL, April 23, 1915

20-UNDERTAKER John R owens

ADDRESS 1222 Druid pl

C84767

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84767

CERTIFICATE OF DEATH

79

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 336 Camel St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Mason Williams

(Residence in Baltimore: No. 336 Camel St.; St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 18 (Day) 1882 (Year)

7-AGE: 33 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Hattie Mason

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Williams

(Address) 336 Camel St

APR 24 1915 Filed 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5, 1915, to, April 24 1915, that I saw h.r. alive on April 23 1915, and that death occurred, on the date stated above, at 2.36 m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism
(Mitral Insufficiency)

(Duration) — yrs. 6 mos. ds.

Contributory (SECONDARY): Mitral Insufficiency

(Duration) — yrs. One mos. ds.

(Signed) H. L. Pelletiere M. D.

191 [Address] X

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Gion Cemetery

DATE OF BURIAL: Apr 27th 1915

20-UNDERTAKER: Felix B. Pyfe

ADDRESS: 102 E Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

C84768

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84768

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Boze

(Residence in Baltimore: No. 931 E. Madison St. St.; / yrs., / mos. —— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 21 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Samuel Boze

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Boze

(Address) 931 E Madison st

15- APR 25 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1915, to April 24 1915, that I saw h er alive on April 24 1915, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) ~

(Duration) yrs. mos. ds.

(Signed) J. W. Vinton Clift M. D.

April 24, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 17 ds.

Where was disease contracted, if not at place of death? 931 E Madison st

Former or usual residence 931 E Madison st

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Mt Carmel — DATE OF BURIAL, April 25, 1915

20-UNDERTAKER J. Lennon Bro — ADDRESS, 107 E Balto st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84769 C84769

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm ST.; 25 WARD) REGISTERED No. C

2-FULL NAME Mrs. Hannie Uhlz

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3649 Park Heights Ave. St.; 36 yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 10 (Day), 1879 (Year)

7-AGE, 36 yrs. — mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md - Balto City

PARENTS.

10-NAME OF FATHER, Joseph R. Norfolk

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Agnes Osborn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. L. Jones

(Address) 3649 Park Heights

15- APR 25 1915 191.. HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to April 24 1915, that I saw her alive on April 24 1915, and that death occurred, on the date stated above, at 1.30 Am.

The CAUSE OF DEATH* was as follows:

Post operative Shock following Cholecystectomy - Cholecystotomy Appendectomy. (Duration).....yrs.....mos. 9 hrs.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J Hammell Starr M. D.

April 24 191.. (Address) Church Home & Infirm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State Not Native yrs. mos. ds.

Where was disease contracted, if not at place of death? Here

Former or usual residence 3649 Park Heights Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	April 26, 1915
20-UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto St

C84770

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84770

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Carey ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Ruth Dailey

(Residence in Baltimore: No. 113 S. Carey St St.; 48 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: December (Month) 2 (Day), 1866 (Year)

7-AGE: 48 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Co., Md

PARENTS

10-NAME OF FATHER: Frederick Kratz

11-BIRTHPLACE OF FATHER (State or country): ?

12-MAIDEN NAME OF MOTHER: Margaret Curran

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James L. Dailey

(Address) 113 S Carey St

APR 25 1915

Filed ..... 191 .....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1915, to, April 22 1915, that I saw her alive on April 21 1915, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. C. Pound M. D.

April 22 1915 [Address] 1342 W. Lombard St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 25, 1915

20-UNDERTAKER: Jes Bloom — ADDRESS: 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

C84771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 46 C84771

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Inner Bel. Expressway St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C. Smith

(Residence in Baltimore: No. Petersburg W Va St.; ....yrs....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. November 24, 1892 (Month) (Day) (Year)

7-AGE. 22 yrs. 5 mos. ds.

If LESS than 1 day. ....hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). W. Va.

PARENTS.

10-NAME OF FATHER. Wm L Smith

11-BIRTHPLACE OF FATHER (State or Country). W Va

12-MAIDEN NAME OF MOTHER Anna Eddyin

13-BIRTHPLACE OF MOTHER (State or Country). W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. L. Smith

(Address) Petersburg W. Va

15- APR 25 1915 Filed..... 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1915, to April 24 1915, that I saw h— alive on April 24 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Abdominal
Anemia Pulmonary Embolism
Weakness Duration

Operation (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

(Signed) Burns S. Chaffee M. D.

April 24, 1915 (Address) Mt. P. Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Petersburg W Va

19-PLACE OF BURIAL OR REMOVAL. Petersburg W Va

DATE OF BURIAL. April 25, 1915

20-UNDERTAKER Jos B Cook

ADDRESS 1003 N Balto St

C84772 HEALTH DEPARTMENT--CITY OF BALTIMORE 28 C84772

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 336 Dover Street ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Dirkson

(Residence in Baltimore: No. 336 Dover Street St.: — yrs. — mos. — ds.)

Wife of Alfred Dirkson

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 187[illegible] (Year)

7-AGE: 37 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Cal. Co. Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred Dirkson

(Address) 336 Dover St

APR 25 1915 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 22 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1915, to April 22 1915, that I saw h[illegible] alive on April 19, 1915, and that death occurred, on the date stated above, at 11.[illegible] m. The CAUSE OF DEATH* was as follows:

Pr metrits (A, B,)

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY): Heart Failure

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) C. H. Forker M. D.

(Address) 742 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Apr 25 1915

20-UNDERTAKER: John H. Toadvine | ADDRESS: 142 W Pratt St

IS VERY IMPORTANT. See instructions on back of certificate.

684773

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 684773

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1645 E Madison ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard W. Moody

(Residence in Baltimore: No. 1645 E Madison St.: 5 yrs. 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH January 13, 1910
(Month) (Day) (Year)

7-AGE 5 yrs. 3 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Wm Moody

11-BIRTHPLACE OF FATHER (State or country): Richmond Va

12-MAIDEN NAME OF MOTHER: Amanda Jarett

13-BIRTHPLACE OF MOTHER (State or country): Clover Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Moody

(Address) 1645 E Madison

15. Filed APR 25 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 22, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 1915. to. April 22 1915.
that I saw him alive on April 22 1915.
and that death occurred, on the date stated above, at 2.30 P m.
The CAUSE OF DEATH* was as follows:

Acute Indigestion
Opium
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Convulsions 2 hours
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alf J Gage M. D.
4/24, 1915 (Address) 709 W Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem | DATE OF BURIAL: April 26th 1915

20-UNDERTAKER: Harry A Codery | ADDRESS: 1726 Eden st

C84774

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 C84774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) St. Joseph's Hospital ST.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Berry

(Residence in Baltimore: No. 1914 E. Federal St.: Immediately yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 22nd (Day), 1873 (Year)

7-AGE, 41 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Elmwood Berry

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md

12-MAIDEN NAME OF MOTHER: Abagail Durham

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Berry

(Address) 1914 E Federal St.

15- Filed APR 25 1915, 191... HARRY O. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental asphyxiation from illuminating gas.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm. A. Savage M. D. (Coroner.)

Apr. 23, 1915. (Address) 1729 Eutaw Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 1914 E Federal St

Former or usual residence 1914 E Federal St

19-PLACE OF BURIAL OR REMOVAL, Western Cemy. DATE OF BURIAL, Apr 25 1915

20-UNDERTAKER Jos Joerdens Son ADDRESS 217 S. Pac

Spec.—5-19-13—M. & T.—500 Blks.

C84775 HEALTH DEPARTMENT—CITY OF BALTIMORE C84775

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 N Cross ST. 21 WARD) REGISTERED No. C.....

2-FULL NAME Edgar Milton Galloway (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1135 W Cross St St.; 29 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Dec 13, 1887 (Month) (Day) (Year)

7-AGE 27 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo W. Galloway

11-BIRTHPLACE OF FATHER (State or Country), Balto Md,

12-MAIDEN NAME OF MOTHER Effie M Dox,

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Effie Galloway

(Address) 1135 N Cross St

15- APR 25 1915 Filed....., 191.....

HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1914, to April 24 1915, that I saw h[illegible] alive on April 24 1915, and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Laryngeal Phthisis

(Duration).....yrs. 6 mos.....ds.

(Signed) John F. Dickmeyer M. D.

April 24, 1915 (Address) 1127 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem | DATE OF BURIAL, Apr. 27, 1915

20-UNDERTAKER Jos Joerdens, Son | ADDRESS 217 S Pac

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Johenning
28 C84776

C84776

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Augusta St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. Johenning

Residence in Baltimore: No. 406 S. Augusta St.; Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 29, 1856 (Month) (Day) (Year)

7-AGE, 58 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Johenning

14-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Johenning

(Address) 406 S. Augusta St.

15- APR 25 1915 Filed..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1915, to April 21 1915, that I saw him alive on April 21 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of right Leg Amputated above the Knee

(Duration) 3 yrs. mos. ds.

(Signed) Dr. R Winterson M. D.

Apr. 23, 1915 (Address) Hanover Md 2nd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Apr. 26 1915

20-UNDERTAKER Jas Saunders Son ADDRESS 2175 E. Pres

C84777

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84777

CERTIFICATE OF DEATH

1 PLACE OF DEATH (3d " house E of Harford Ave) 64 REGISTERED No. C

CITY OF BALTIMORE (No. atlantic av ST.; 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Pawley.

(Residence in Baltimore: No. atlantic av. St.; 76 yrs. 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Aug. (Month) 5 (Day), 1838 (Year)

7-AGE 76 yrs. 8 mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER John Lane

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Pickett

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. L. Pawley

(Address) 8 Atlantic Ave

APR 25 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1915, to. April 23 1915, that I saw her alive on April 23, 1915, and that death occurred, on the date stated above, at 6" p m. The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Downtown M. D.

April 25, 1915 (Address) 1714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL Apr. 26, 1915

20-UNDERTAKER Harry A. Ehler | ADDRESS 1217 W. Balto St.

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C84778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C84778

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Brookes ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Stewart

(Residence in Baltimore: No. 1411 Mother St.; ....yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED? (Write the word.) Single

6-DATE OF BIRTH, ... Mar 30 (Month) (Day), 1915 (Year)

7-AGE, ...yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Wm Stewart.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Fletcher

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Stewart

(Address) 1411 Brookes St.

15- Filed APR 25 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 21 1915, to Apr 24 1915, that I saw h.. alive on Apr 21 1915, and that death occurred, on the date stated above, at 5.20 a.m.

The CAUSE OF DEATH* was as follows:

Colon bacillus Cough

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M D A Cate M. D.

Apr 24, 1915. (Address) 3711 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Apr 26 1915

20-UNDERTAKER Thomas E Wright

ADDRESS 1314 W Cary

Spec.—8-24-14—M. & T.—2000 Bks.

C84779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C84779

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Shields

(Residence in Baltimore: No. 1017 Vine St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Moultrey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Tasker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Freeman

(Address) Univ. Hosp.

15- APR 25 1915 HARRY G. ..., Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 24, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1915, to Apr 24 1915, that I saw her alive on Apr 24 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Puerperal peritonitis

..... (Duration) ..... yrs. ..... mos. 37 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. W. Freeman M. D.

....., 191... (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 41 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1017 Vine St

Former or usual residence 1017 Vine St

19-PLACE OF BURIAL OR REMOVAL, McAuburn Cem. | DATE OF BURIAL, 4/25, ..., 1915.

20-UNDERTAKER Alfred J. Fireland | ADDRESS 1174 Schroeder

C84780

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 C84780

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 225 S Wood ya ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Reinke

(Residence in Baltimore: No. 225 S Wood ya St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Sept. 13 (Month) (Day), 1913 (Year)

7-AGE 1 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Henry Reinke

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Alma Jinks

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Reinke

(Address) 225 S Woodyard

15-APR 25 1915 Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 24 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 1, 191 5 to April 24 191 5 that I saw h alive on April 23, 191 5 and that death occurred, on the date stated above, at 1 p m. The CAUSE OF DEATH* was as follows:

Asthenia

Contributory (SECONDARY) Atelectasis (Duration) ..... yrs. ..... mos. 3 ds

(Signed) F H Dunn M. D.

April 24, 191 5 (Address) F H Dunn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL April 28 1915

20-UNDERTAKER John J Fields | ADDRESS 1200 W Lombard

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84781

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84781

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 509 W Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odessa Wayman

(Residence in Baltimore: No. 509 W Preston St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. April 13, 1915.
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Lawdence Wayman

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Mildred Willis

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hattie Pratt
(Address) 509 W Preston

15- Filed APR 25 1915, 191. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 24, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1915, to April 24 1915, that I saw h[illegible] alive on April 23 1915, and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:
Bronchs Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Samuel A Bam M. D.
April 24 191.5 (Address) 937 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery
DATE OF BURIAL. April 26th 191.5

20-UNDERTAKER J A Bishop
ADDRESS 515 N Mitchell

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684782 684782

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 E Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J McDonough.

(Residence in Baltimore: No. 2936 E Fayette St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Dec (Day) 1 (Year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McDonough

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Moore

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J McDonough

(Address) 2936 E Fayette St

15- Filed APR 25 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to April 22 1915, that I saw him alive on April 20 1915, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Duration yrs. mos. ds.

(Signed) E. D. Hellen M. D.

4/23, 1915. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, April 26, 1915

20-UNDERTAKER John A Moran — ADDRESS Park & Lanvale

Spec.—5-19-13—M. & T.—500 Bks.

684783 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 684783

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S Durham ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno H Williams

(Residence in Baltimore: No. 617 S. Durham St. St.; — yrs, — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 22. (Day) 1844 (Year)

7-AGE, 71 yrs. — mos. — da. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Union Abattoir

9-BIRTHPLACE, (State or Country), Providence R. I.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Providence RI

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Providence RI

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Williams

(Address) 617 S. Durham St.

15- APR 25 1915 Filed ..... 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to April 22 1915, that I saw h— alive on April 22 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Neck & Head

Ac. Ap. Sen. a M. C.

(Duration) ... yrs. ... mos. 52 da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) J. Wheatley M. D.

April 22, 191 5 (Address) 1 S Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Church	April 26 1915

20-UNDERTAKER John A Moran & Sons ADDRESS Balt

Spec.—8-24-14—M. & T.—2000 Bks.

C84784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Oxford ST.; 17 WARD)

REGISTERED No. C.....

2-FULL NAME Albert Richardson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 511 Oxford St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) 3 (Day) 28 (Year) 1915

7-AGE, ...yrs. ....mos. 27 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Servant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Raymond Richardson

11-BIRTHPLACE OF FATHER (State or Country): Oxford Md.

12-MAIDEN NAME OF MOTHER: Josephine Watts

13-BIRTHPLACE OF MOTHER (State or Country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hall

(Address) 511 Oxford St

15-

Filed APR 25 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 4 (Day) 24, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Apl. 23 1915, to Apl. 24 1915, that I saw him alive on Apl. 24 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

.....

.....

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Jno. H. Tompkins M. D.

Apl. 24 1915. (Address) 1019 Dumbarton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Apl 25, 1915

20-UNDERTAKER Edward F. Kemsley | ADDRESS 1787 N. Bond

C84785

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 46 S. Greene St.; 4 Ward)

2-FULL NAME Nathan A. Reznick

(Residence in Baltimore: No. 46. S. Greene St.; 77 yrs., mos., ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) ..... (Day), 1870 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 7 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Max Reznick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ira Orchofsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Reznick

(Address) 527 Fifteenth st

15- APR 25 1915 Filed ..... 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner)

Apr 25, 1915 (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	April 27 1915
20-UNDERTAKER	ADDRESS
S. Levinson & Bro	Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684786

CERTIFICATE OF DEATH.

64 E Mar 508

684786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 E. Lafayette Ave, ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maranda A Cook

(Residence in Baltimore: No. 403 E. Lafayette Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 80 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Arundel County Md

PARENTS.

10-NAME OF FATHER, John F Cook

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mariana Hall

13-BIRTHPLACE OF MOTHER (State or Country), Arundel County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Delia Cook

(Address) 403 E Lafayette Ave.

15-

Filed APR 25 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 23, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 14 1915, to Apr 23 1915, that I saw h— alive on Apr 22 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis (Duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Gatch M. D.

Apr 24, 1915. (Address) 508 E Monta

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL. April 25th, 1915.

20-UNDERTAKER Geo. J. Ruth ADDRESS 1735 Harford Av.

C84787

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C84787

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1043 S. Shap ST. 23 WARD)

2-FULL NAME Margaret Measlimer.

(Residence in Baltimore: No. 1038. Shap St.: 57 yrs. 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 4, 1857 (Month) (Day) (Year)

7-AGE: 57 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House - Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Coz. Cramer.

11-BIRTHPLACE OF FATHER (State or country): France.

12-MAIDEN NAME OF MOTHER: Catherine Bowers.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella. Measlimer.

(Address) 1043 S. Shap.

15. APR 25 1915, 19.. HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 23, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1915, to. 4/23 1915.

that I saw h[illegible] alive on 4/22 1915.

and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) ..... yrs. 3 mos. 12 ds

Contributory (SECONDARY) Exhaustion.

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed), 4/23, 1915. J. C. Ferguson M. D.

(Address) 1720 S. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery A.A. DATE OF BURIAL: April 25, 1915

20-UNDERTAKER: P. J. McElflynn ADDRESS: 1422 Light St.

is very important. See instructions on back of certificate.

C84788 HEALTH DEPARTMENT--CITY OF BALTIMORE 42C84788

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No 2543 Oak Stuet - St.: 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adele Houghe

(Residence in Baltimore: No. 2543 Oak Stuet St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): 7

6-DATE OF BIRTH: Dont Know (Month) ..... (Day), 1837 (Year)

7-AGE: 78 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Dont Knows

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ward

(Address) 2011 23rd St

15- APR 25 1915 [illegible] Filed ....., 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1915, to April 25 1915 that I saw her alive on April 23, 1915 and that death occurred, on the date stated above, at 12 30 a.m. The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus

Ne of P. M. & M. E.

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bertha E. Tapman M. D.

April 25 1915 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: April 26, 1915

20-UNDERTAKER: William Cook | ADDRESS: 502 E. North Ave

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C84789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 Maryland Ave ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M. Merriken

(Residence in Baltimore: No. 2731 Maryland Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Nov. 8th, 1835. (Month) (Day) (Year)

7-AGE, 79 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engraver.
(b) General nature of industry, business, or establishment in which employed (or employer): Plate.

9-BIRTHPLACE, (State or Country): A.A. Co. Md.

PARENTS.

10-NAME OF FATHER: John D. Merriken.

11-BIRTHPLACE OF FATHER (State or Country): A.A. Co. Md.

12-MAIDEN NAME OF MOTHER: Mary A. Boon.

13-BIRTHPLACE OF MOTHER (State or Country): A.A. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Merriken

(Address) 2731 N. Chas. St

15- Filed APR 26 1915, 191... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1915, to Apr. 24th 1915, that I saw him alive on Apr. 24th 1915, and that death occurred, on the date stated above, at 9.40a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. 1 mos. — ds.

(Signed) E. Dickson M. D.

Apr. 25, 1915. (Address) 305 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 28, 1915.

UNDERTAKER Edw. Mitchell — ADDRESS North Howard St.

C84790

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84790

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 112 S. Ann ST.: 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Greenfeld

(Residence in Baltimore: No. 112 S. Ann St.: 17 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: W Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7-AGE: 51 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Hirsch Vilarosky

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Bessie Vochofsky

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julius Waldeman

(Address) 112 S. Ann st

15. Filed APR 26 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 25th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October, 1910 to April 25th 1915, that I saw h[er] alive on April 25th 1915, and that death occurred, on the date stated above, at 6 p. m.
The CAUSE OF DEATH* was as follows:

Chr Pulmonary
Tuberculosis
(Duration) 4 yrs. 6 mos. ds

Contributory (SECONDARY) Exhaustion.
(Duration) yrs. mos. ds.

(Signed) D. W. Keown M. D.
April 25th, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence 112 S Ann st.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: April 26 1915

20-UNDERTAKER: J. Levin & Co. — ADDRESS 1107 E Balto St.

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84791 X 134 C84791

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Vey

(Residence in Baltimore: No. 110 N. Curley St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Dec 24, 1880
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Beale

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Gaeb

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- APR 26 1915 ROBERT F. KRAUTER
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1915, to Apr. 24 1915, that I saw her alive on Apr. 24 1915, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

General Septicaemia following Miscarriage - Induced by Gonnie for Coles" about
(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza
(Duration) 0 yrs. 0 mos. 7 ds.

(Signed) Edward C. Smith M. D.

Apr. 24, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 4 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 110 N. Curley St.

Former or usual residence 110 N. Curley St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 27, 1915.

UNDERTAKER Jos J. Aern 1914 E. — ADDRESS Fayette st.

Spec.—5-19-13—M. & T.—500 Bks.

Hezkiah Bowyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84792

CERTIFICATE OF DEATH.

28 C84792

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Russell St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hezkiah Bowyer

(Residence in Baltimore: No. 1107 Russell Street St.; ...yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, December 25, 1876.
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Talbot Md

PARENTS.

10-NAME OF FATHER, Hezekiah Bowyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Bowyer

(Address) 1107 Russell St

15-
Filed APR 26 1915, ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1915, to April 23 1915, that I saw h— alive on April 22 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis X

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ...yrs. ...mos. 14 ds.

(Signed) C. H. Fowlie M. D.

April 24 1915. (Address) 114 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	April 26 1915.
20-UNDERTAKER	ADDRESS
J. H. Brown & Son	16 W Monty

C84793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84793

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 813 Bevan St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Anderson

(Residence in Baltimore: No. 813 Bevan St St.: yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, [illegible] 99 (Month), [illegible] 1 (Day), [illegible] (Year)

7-AGE,	If LESS than 1 day,
59 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), A A Co Md

PARENTS.

10-NAME OF FATHER, Jacob Bayward

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Turner

(Address) 813 Bevan St

15- Filed APR 26 1915, 191[illegible] [illegible], KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

April 26 1915 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Arnold Station A. A Co Md	April 26 1915
20-UNDERTAKER	ADDRESS
Jno. H. Isadore	142 W Hill St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84794

CERTIFICATE OF DEATH.

92 C84794

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Luzerne Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Lambdin

(Residence in Baltimore: No. 403 N. Luzerne Ave St.; ....yrs., ...mos.... ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... April (Month) 4 (Day), 1849 (Year)

7-AGE, 66 yrs. ..... mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Cross

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ellen Dennis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James K P Lambdin

(Address) 403 N. Luzerne Ave

15- Filed APR 26 1915, 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 191, to April 23 191, that I saw h alive on April 23 191, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, April 26 1915

20-UNDERTAKER P. Sandrock Sons — ADDRESS 1110 Pulaski St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Kial Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84795

CERTIFICATE OF DEATH.

X 79. C84795

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kial Johnson

(Residence in ~~Baltimore~~: No. 48 State St., Philadelphia Pa. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1882 (Year)

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Penna

PARENTS.

10-NAME OF FATHER, James Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Hale

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Chest St.

15- Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 23, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 23 1915, to Apr 23 1915, that I saw h[illegible] alive on Apr 23 1915, and that death occurred, on the date stated above, at 6.05 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward V. Smith M. D.

Apr 23 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Philadelphia Pa

Former or usual residence Philadelphia Pa.

19-PLACE OF BURIAL OR REMOVAL Philadelphia Pa. DATE OF BURIAL, Apr 27 1915

UNDERTAKER Thomas E. Murphy ADDRESS 1364 Mary

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Saunders

105 2 C84796

C84796

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 North Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M. Goodwin

(Residence in Baltimore: No. 1016 North Gay St.; 3 yrs., 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March (Month) 3 (Day) 1912 (Year)

7-AGE, 3 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Goodwin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Brenetsin (Benetine)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Goodwin

(Address) 1016 North Gay

15-

Filed APR 26 1915 ROBERT J. KRAUTER Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1915, to April 24th 1915, that I saw h[er] alive on April 24 1915, and that death occurred, on the date stated above, at 11 25 m.

The CAUSE OF DEATH* was as follows:

E. C. Lamphear

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) E. C. Lamphear M. D.

April 25th, 1915. (Address) 314 Custom

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore | DATE OF BURIAL, 4.27.15, 19

20-UNDERTAKER William Cook | ADDRESS 501 E. M[adison]

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84797

CERTIFICATE OF DEATH.

79 C84797

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Binney ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Kruzla

(Residence in Baltimore: No. 1125 S. Binney St.: 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1861 (Year)

7-AGE, 54 yrs. mos. 4 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Benedykt Kruzla

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Potter

(Address) 1125 Binney St

15- APR 26 1915 Filed 191

NORRIS . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1914 (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Apr 23 1914, to April 24 1915, that I saw h alive on Apr 23 1915, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

CONTRIBUTOR (Secondary) Valvular Heart Disease

(Duration) yrs. mos. ds.

(Signed) E. T. Tansley M. D.

4/24 1915 (Address) 1108 Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, April 27, 1915

20-UNDERTAKER Stephen Frankowski

ADDRESS 1018 S Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84798

CERTIFICATE OF DEATH.

61+ C84798

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Darley Ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Roeder

Residence in Baltimore: No. 1603 Darley Ave St.; ..... yrs., 11 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. April 30, 1914
(Month) (Day) (Year)

7-AGE. ..... yrs. 11 mos. 25 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Leonhard Roeder

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Katherine Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonhardt Roeder

(Address) 1603 Darley Ave.

15- APR 26 1915 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1915, to April 25 1915, that I saw her alive on April 25 1915, and that death occurred, on the date stated above, at 5.00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Epidemic Form)

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Bevell M. D.

Apr. 26, 1915. (Address) 108 N. Bethune Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Apr. 27, 1915.
20-UNDERTAKER Henry Hosch & Son	ADDRESS 1501 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

C84799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

C84799

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Fohner

(Residence in Baltimore: No. 1237 E. Madison St ST.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, unknown (Month) 1 (Day) ..... (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Goetze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Schoemaker

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Schwartzkopf

(Address) 945 N. Carrollton Ave

15- Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 25 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 20 1915, to Apr 25 1915, that I saw her alive on Apr 25 1915, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

DD not know

(Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Gangrene of foot

(Duration) ..... yrs. 9 mos. 13 ds.

(Signed) Wm. A. Knight M. D.

Apr. 25, 1915. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 60 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1237 E. Madison St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Apr 28, 1915

20-UNDERTAKER Henry Hordt Sons

ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C84800 HEALTH DEPARTMENT—CITY OF BALTIMORE

32 C84800

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infr. Ward 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B. MacKall

(Residence in Baltimore: No. Cecil Apartments St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 1st (Day), 1841 (Year)

7-AGE, 73 yrs. 6 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Leonard

11-BIRTHPLACE OF FATHER (State or Country), District of Columbia

12-MAIDEN NAME OF MOTHER Frances Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. P. Mackall

(Address) Notre Dame of Md

15- Filed APR 26 1915, 191... HUBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1914, to April 24 1915, that I saw him alive on April 24 1915, and that death occurred, on the date stated above, at 2.20 AM

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine.
Exhaustion

(Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. D. Price Rixford M. D.

April 25 1915 (Address) Church Home & Infr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 8 mos. 29 ds. In the State 74 yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore, Md.

Former or usual residence Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 4-27-, 1915.

20-UNDERTAKER Henry W. Jenkins & Son — ADDRESS C. McCulloh & Orchard

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84801

CERTIFICATE OF DEATH

45 C84801

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 705 Cumberland St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Clarke

(Residence in Baltimore: No. 705 Cumberland St.: 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 7th, 1855 (Month) (Day) (Year)

7-AGE: 59 yrs. 9 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): France

PARENTS

10-NAME OF FATHER: Jean Francois

11-BIRTHPLACE OF FATHER (State or country): France

12-MAIDEN NAME OF MOTHER: Celeste Ernette

13-BIRTHPLACE OF MOTHER (State or country): France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Aaron A. Clark

(Address) 705 Cumberland St

15. Filed APR 26 1915. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 23 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1914, to April 23 1915, that I saw her alive on April 23, 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Recurrence

Microscopic Exam

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Abram Samuels M. D.

April 23, 1915 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 26, 1915

20-UNDERTAKER: William Boyce — ADDRESS: 1123 N Gay St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84802 C84802

CERTIFICATE OF DEATH.

X 109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 North Gilmor ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hanna Linaberg

(Residence in Baltimore: No. Alverton Md. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... (Month) unknown (Day) ..... 1914 (Year)

7-AGE.	If LESS than 1 day,
11 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, W. B. Linaberg

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Nettie Orndorff

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... W. B. Linaberg

(Address)..... Alberton, Md.

15- Filed APR 26 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 24 191 5, to Apr 25 191 5, that I saw h.r alive on Apr 25 1915, and that death occurred, on the date stated above, at 1 A.M. P.M.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Lobar
2. Pulse abnormal Acceleration

..... (Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Heart

..... (Duration).....yrs.....mos. 1 ds.

(Signed) Hanna H. Lautmer M. D.

4-25, 191 5. (Address) Insurance Policy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Alverton Md.

19-PLACE OF BURIAL OR REMOVAL, Episcopal Cemetery Alverton DATE OF BURIAL APR 26 1915, 191..

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84803

CERTIFICATE OF DEATH.

X 28 C84803

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N. Dallas ST.: 35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vonzella Robinson

(Residence in Baltimore: No. 519 N. Dallas

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	colored	Single

6-DATE OF BIRTH, February (Month) 9th (Day), 1914 (Year)

7-AGE, 1 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H Robinson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celestine Robinson

(Address) 519 N. Dallas

15- Filed APR 26 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 15 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) / (Duration) yrs. mos. ds.

(Signed) Wm. A. Savage M. D. (Coroner.)

Apr. 26, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetary	April 26
20-UNDERTAKER	ADDRESS
Chas G Bailey	1421 Pa

Important. See instructions on back of certificate.

Spec. 5-19-13 M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84804 C84804

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Protestant Infirmary ST.; 12 WARD

2. FULL NAME Carlton C Sherlock

(Residence in Baltimore: No. 1808 No. Calvert St.; 18 yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Feb (Month) 19 (Day), 1897 (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Wm C Sherlock

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie Wood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William C Sherlock

(Address) 1808 N. Calvert St.

15- APR 26 1915 ROBERT . KRAUTER,
Filed..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1915, to Apr 25 1915, that I saw h[illegible] alive on Apr 25 1915, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Retroperitoneal)

Operation

(Duration) yrs. 2/12 mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. 1 mos. ds.

(Signed) Edward J. Davis M. D.

191... (Address) 4 W. 22

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. 6 ds. In the State 18 yrs. 2 mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1808 N Calvert St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
Greenmount Cem	April 27
20-UNDERTAKER Geo J. Smith	ADDRESS 1006 N Gay St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~684805~~ 64 684805

1-PLACE OF DEATH Little Sisters of the Poor

REGISTERED No. C.....

CITY OF BALTIMORE: (No..... St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Spear

(Residence in Baltimore: No. 1723 Hollins St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: March (Month) 11. (Day), 1838 (Year)

7-AGE: 77 yrs. ...mos. ...ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Spear

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sarah Waters

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. Benedict

(Address) Little Sisters of the Poor

15- APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24th (Day) Saturday 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to ..., 191..., that I saw h.. alive on April 18 1915, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Unknown (Duration) ...yrs. ...mos. ...ds.

Contributory (SECONDARY) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. C. Warren M. D.

April 25, 1915 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: April 27, 1915

20-UNDERTAKER: H. C. Friedfeld — ADDRESS: 914 Gruman Ave

C84806

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84806

CERTIFICATE OF DEATH.

REGISTERED No. C 84806

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1094 W Lanvale St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Grant

(Residence in Baltimore: No. 1094 W Lanvale St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Married

6-DATE OF BIRTH, March (Month) 15 (Day) 1850 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 1 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Washington D. C.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Grant

(Address) 1094 W Lanvale St

15- Filed APR 26 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) Harry C. Hagen M. D. (Coroner)

April 23 1915. (Address) 3640 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Auburn	April 26 1915
20-UNDERTAKER	ADDRESS
James H Dennis	303 Preston

C84807

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84807

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Balto City Jail ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Langley

(Residence in Baltimore: No. 905 Sarah St.) St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 15 (Day), 1893 (Year)

7-AGE, 22 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, John Langley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cornish

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Langley

(Address) 905 Sarah St.

15- APR 26 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Sevier M. D. (Coroner.)

April 26, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int Auburn cemetery

DATE OF BURIAL, April 27 1915.

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Litt Vault

Important. See Instructions on back of Certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84808 CERTIFICATE OF DEATH 451 C84808

REGISTERED No. C

1 PLACE OF DEATH

OF BALTIMORE (No. 538 Poplar Grove St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of George + Lillie Rousch

(Residence in Baltimore: No. 538 Poplar Grove St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word): Single

6 DATE OF BIRTH: April (Month) 22nd (Day), 1915 (Year)

7 AGE: ½ hr. (If LESS than 1 day, ½ hrs. or min.?) yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: George Rousch

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Lilly Grimes

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Rousch

(Address) 538 Poplar Grove st

15 Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 22 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 11.20 P.M. April 22 1915, to 11.50 P.M. April 22nd 1915, that I saw him alive on April 22 1915, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ½ hour

Contributory (SECONDARY) Prolonged birth

(Duration) yrs. mos. ds.

(Signed), Chas H. Bulbert, M. D.

April 23, 1915 (Address) 1100 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: April 26, 1915

UNDERTAKER: Jacob Syfer

ADDRESS: 1600 W North Ave

If a still birth, give the word STILLBORN instead of the statement of death. See instructions on back of certificate.

Spec.—5-13-12—M. & T.—500 Blks.

C84809

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C84809

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Guilford Ave. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Edward Smith

(Residence in Baltimore: No. 2208 Guilford Ave. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH. February 26, 1847, (Month) (Day) 1 (Year)

7-AGE. 68 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamship Captain X

9-BIRTHPLACE, (State or Country), Near Annapolis Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, Augustus Smith

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co., Md.

12-MAIDEN NAME OF MOTHER Mary Anne Nowell

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Richard..E...Smith.,..Jr.....

(Address)..2208..Guilford..Ave.....

15- ROBERT . KRAUTER
Filed APR 26 1915 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to April 24 1915, that I saw h[illegible] alive on April 23 1915, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gastric
Tuberculosis Ileum
Postmortem (Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) None
(Duration) yrs. mos. ds.

(Signed) Leonard E Read M. D.
April 26, 1915. (Address) 837 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	4/28/15, 191...
20-UNDERTAKER	ADDRESS
Henry H. Mass Son	106 N. Eutaw St

C84810

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84810

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1606 N. Bradford. ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Miller

(Residence in Baltimore: No. 1606. N Bradford ST.: 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Divorced

6-DATE OF BIRTH 6 (Month) 22 (Day), 1869 (Year)

7-AGE 45 yrs. 10 mos. 2 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Beer wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Brewer

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Casper Miller

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Marie Miller

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rudolf Miller

(Address) 1606 Bradford St

15-APR 26 1915 Filed ....., 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1914, to April 24 1915, that I saw h ill alive on April 23, 1915, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 11 mos. ... ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Ernest E Ellwart M. D.

April 25 1915 (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Jerusalem Cemetery | DATE OF BURIAL: April 27th, 1915

20-UNDERTAKER: Frederick Lassahn & Sons | ADDRESS: Fullerton Md.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084811 084811

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH
CITY OF BALTIMORE; (No.) Johns Hopkins Hosp St.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Harris

(Residence in Baltimore: No. 520 Lewis St St.; ....yrs.. ....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Black	Single

6-DATE OF BIRTH, ? (Month) (Day) 1872 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nathan Harris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. K. Evans

(Address) J. H. Hosp

15- Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1915, to Apr 23 1915, that I saw h alive on April 23 1915, and that death occurred, on the date stated above, at 9.35 ? m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Frank A. Evans M. D.

April 24, 1915. (Address) J. H. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 520 Lewis St

19-PLACE OF BURIAL OR REMOVAL, Sandy Bottom Towson Md

DATE OF BURIAL, April 27, 1915

20-UNDERTAKER Robert A Elliott

ADDRESS 506 Rogers Ave

C84812

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84812

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1159 Whitecoat ST.: 16 92 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Liles

(Residence in Baltimore: No. 1159 Whitecoat St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	married

6-DATE OF BIRTH not known to informant (Month) ..... (Day) 1 (Year)

7-AGE About 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): washing & ironing private families

9-BIRTHPLACE (State or country): Anne Arundel Co., Md.

PARENTS

10-NAME OF FATHER: Nathan Hammond

11-BIRTHPLACE OF FATHER (State or country): Anne Arundel Co. Md.

12-MAIDEN NAME OF MOTHER: Susan Smith

13-BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Hammond

(Address) 1337 N. Calhoun St.

15- Filed APR 26 1915, 191 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19-, 1915-, to, April 25- 1915-, that I saw h.e. alive on April 24- 1915-, and that death occurred, on the date stated above, at 3-45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
Both lungs involved.

(Duration) — yrs. — mos. 8 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Charles L. McCarthy M. D.

April 25 1915. [Address] 9062 N. Stricker St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 28 1915
20-UNDERTAKER Robert A. Elliott	ADDRESS N. 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 120 C84813

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Diggs

(Residence in Baltimore: No. Eccleston Md St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Nov. 24, 1853
(Month) (Day) (Year)

7-AGE. 62 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Henry Tonfors

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Mary Hudgins

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed APR 26 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1915, to Apr. 25 1915, that I saw h~~im~~ alive on Apr. 25 1915, and that death occurred, on the date stated above, at 9 46 a. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ...yrs. ...mos. 5 ds.

(Signed) Frankl. Evans M. D.

Apr. ..., 191.5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 6 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Eccleston, Md

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, April 28 1915

UNDERTAKER Robt A. Elliott

ADDRESS 506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Consuella V. Williams

C84814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98 C84814

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 George St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Consuella V. Williams

(Residence in Baltimore: No. 755 George St.; 19 yrs. 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Jan. (Month) 20 (Day), 1896 (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 3 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frank R. Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lula Rush

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank R. Williams

(Address) 755 George St.

15- APR 26 1915 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23d (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14th 1915, to Apl 23d 1915, that I saw h[er] alive on Apl 22nd 1915, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Pneumonia

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. B. Walch M. D.

Apl 24th, 1915. (Address) 6072 Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Apr 26 1915

20-UNDERTAKER Geo. H. Holland

ADDRESS 517 Robert St.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

C84815

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84815

CERTIFICATE OF DEATH.

95

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1416 Argyle St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Johnson

(Residence in Baltimore: No. 1416 Argyle St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ... (Month) ....., (Day) 1856 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Waters

(Address) 1416 Argyle Ave.

15-APR 26 1915 ROBERT F. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1 1915, to Apr. 24 1915; that I saw her alive on Apr. 24 1915; and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows: Gangrene (Cause) Impairment of the general condition from complete paralysis of the lower right extremity

(Duration) ....yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Cat. Infirmities

(Duration) ....yrs. 9 mos. 30 ds.

(Signed) R. Garland Schmidt M. D.

Apr 25, 1915. (Address) 424 East 23 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Apr. 27, 1915.

20-UNDERTAKER Geo. H. Ireland ADDRESS 517 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684816 684816

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 East 1st ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Badala

(Residence in Baltimore: No. 318 East 1st St.; ...yrs., 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 18, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bolto mol-

PARENTS.

10-NAME OF FATHER, Venerando Badalo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carmela Giardina

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Venerando Badala

(Address) 318 East St.

15- Filed APR 26 1915 ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 25 1915, that I saw h[illegible] alive on April 25 1915, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

acute gastro-enteritis

(Duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. Testa M. D.

..., 191... (Address) 210 Gail st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem

DATE OF BURIAL, April 26, 1915

20-UNDERTAKER Lilly & Zeh

ADDRESS 403 S. Wolfe st

Spec.—8-24-14—M. & T.—2000 Bks.

684817 HEALTH DEPARTMENT—CITY OF BALTIMORE 684817

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Oak H ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Emily White

(Residence in Baltimore: No. nearby 25 years St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 25, 1826. (Month) (Day) (Year)

7-AGE, 88 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Isabella Pinkney

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara White

(Address) 107 E. Lexington St

15- Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from General years 191 to 191, that I saw her alive on April 25th 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Uterine Sclerosis

(Probably involving Coronary Arteries Myocardium)

Many (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. T. Lee Norwood M. D.

April 26th 1915. (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery. DATE OF BURIAL, April 26th, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co ADDRESS 1104 E Orchard St.

Spec.—8-24-14—M. & T.—2000 Bks.

C84818

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1325 Park Ave. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hoffmann M.D.

(Residence in Baltimore: No. 1325 Park Ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, June 4 (Month) ..... (Day) 1859 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Babenhausen, Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Spilker

(Address) Mt. Washington, Md.

15- APR 28 1915 Registrar. ACCEPTED. KRAUTH Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25-12, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1908, to April 25th 1915, that I saw h[im] alive on April 25th 1915, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows: Repeated attacks of Thrombosis of Cerebral Vessels. Last attack February 5th 1915

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. A. Van Hee M. D.

Apr 26th, 1915. (Address) 200 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery.	April 27th, 1915.
20-UNDERTAKER Henry W. Jenkins & Sons Co.	ADDRESS, Walbrook Ave & Orchard Sts.

Dr Hoffmann

C84819

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 (84819

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St.: 11 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Neblett (Colored)

(Residence in Baltimore: No. Provident Hospital St.; 18 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: April (Month) 25 (Day), 1833 (Year)

7-AGE: 80 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Powell

(Address) Provident Hospital

15- APR 26 1915 191 ROBERT . KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1915, to, April 25 1915, that I saw h-- alive on April 25 1915, and that death occurred, on the date stated above, at 9 P.M. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs mos. 9 ds.

Contributory (SECONDARY)

(Duration) yrs mos. 2 ds.

(Signed), Robert J. Powell M. D.

April 25 1915. [Address] Resident Physician Provident Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 15 yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Provident Hosp.

Former or usual residence Provident Hosp.

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: April 28 1915

20-UNDERTAKER: Samuel J. Kenny ADDRESS: 578 W. Biddle

DK

C848:20 HEALTH DEPARTMENT---CITY OF BALTIMORE 79 C848:20

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Stacey ST.: 19[illegible] YARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael H Swartzman

(Residence in Baltimore: No. 208 Stacey St.; 74 yrs. 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 29. (Day) 1840 (Year)

7-AGE: 74 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Robert Swartzman

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Jennie Burns

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Swartzman

(Address) 208 S Carey St

15- Filed APR 26 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1915, to, April 24 1915, that I saw h[illegible] alive on April 24 1915, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

Chronic (Duration) ..... yrs 6 mos ..... ds.

Contributory (SECONDARY) Endocarditis

(Duration) [illegible] yrs ..... mos ..... ds.

(Signed), Joseph E. Price M. D.

4 26, 1915. [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dr Mary's Hanpa DATE OF BURIAL: April 26, 1915

20-UNDERTAKER: Ehrenworth + Son ADDRESS: 367 Chestnut ave

C84821 HEALTH DEPARTMENT--CITY OF BALTIMORE C84821

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2901 Cedar ST.; 13 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Berthe Hall

(Residence in Baltimore: No. 2901 Cedar Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH March 18, 1906
(Month) (Day) (Year)

7-AGE 1 yrs. 1 mos. 6 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Lawson Hall

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Anna Butler

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawson Hall

(Address) 2901 Cedar Ave

15- Filed APR 26 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 24, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1915, to April 24 1915, that I saw h-r alive on April 23, 1915, and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Gen) X

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fenn M. D.

April 24, 1915 (Address) 1717 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL April 26, 1915

20-UNDERTAKER Chenoweth & Son | ADDRESS 961 Eastmont Ave.

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84822 — 6d 684822

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. 21st ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Johnson

Residence in Baltimore: No. 506 J & J 21 St.; 35 yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) unknown (Day) ..... (Year) 187?

7-AGE, 44 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Ireland. ~~Pennsylvania~~

PARENTS.

10-NAME OF FATHER, James Keough

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kenevan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Johnson

(Address) 506 E. 21st St

15- APR 26 1915 Burial Permit Clerk

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 24 1915, that I saw h er alive on April 24 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

apoplexy

5 hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Paralysis

5 hours (Duration) ....yrs. ....mos. ....ds.

(Signed) Reginald J. Tonry M. D.

Apr 26 1915 (Address) 414 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. — In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cathedral	Apr 27 191..
UNDERTAKER	ADDRESS
C. A. Pudefield	Greenmount Ave

C84823

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C84823

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1506 Kennett ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esau Marshall Mumford

(Residence in Baltimore: No. 1506 Kennett St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June (Month) 15 (Day), 1837 (Year)

7-AGE: 77 yrs. 10 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Esau Mumford

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. Mumford

(Address) Fairmont W. Va.

15 Filed APR 26 1915 191

ROBERT . KRAUTER
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1912, to April 24 1915,
that I saw h[illegible] alive on April 20, 1915,
and that death occurred, on the date stated above, at 2.30 P m.
The CAUSE OF DEATH* was as follows:
Chronic Bright's and
Chronic heart disease

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Fred C Jewett M. D.

April 24, 1915 (Address) 2635 Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: April 27, 1915

20-UNDERTAKER: Jas. Tapscott Sons — ADDRESS: 1511 Eighth

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C848:24 64 C848:21

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Madison Ave 14 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Fishach Page

(Residence in Baltimore: No. 1425 Madison ave St.: ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 18, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Fishach

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Page

(Address) 1425 Madison Ave

15- APR 26 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 25 1915, that I saw her alive on April 25 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration).....yrs.....mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic Interstitial

..... (Duration).....yrs.....mos.....ds.

(Signed) Leonard K. Hirshberg M. D.

M. 27, 191.5. (Address) 1937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. | DATE OF BURIAL, April 27, 1915

20-UNDERTAKER Chas E. Franck | ADDRESS 102 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84825 HEALTH DEPARTMENT—CITY OF BALTIMORE C84825

CERTIFICATE OF DEATH.

REGISTERED No. C 18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Smyth

(Residence in Baltimore: No. 536 Dolphin St St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, Mar 31, 1864 (Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Emil Morphis

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lizzie Batte

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- Filed APR 26 1915 HARRY O. ANDREWS, 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1915, to Apr. 25 1915, that I saw her alive on Apr. 25 1915, and that death occurred, on the date stated above, at 7.55 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Did not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 1 mos. ds.

(Signed) Edward C. Smith M. D.

Apr 25, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State 18 yrs. mos. ds.

Where was disease contracted, if not at place of death? 536 Dolphin St

Former or usual residence 536 Dolphin St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 28, 1915

20-UNDERTAKER Felix B. Pope

ADDRESS 102 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84826

CERTIFICATE OF DEATH.

x 79 C84826

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Gustin

(Residence in Baltimore: No. Leonardtown, Md. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clement Gordon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fellows Gustin

(Address) 557 Morse St

15-

Filed APR. 26. 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 23, 191 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 12 191 5, to Apr. 23 191 5, that I saw h[er] alive on Apr 23 191 5, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. ds. Do not know

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Apr. 23, 191 5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. mos. 11 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Leonardtown Md

Former or usual residence Leonardtown, Md.

19-PLACE OF BURIAL OR REMOVAL, Mechanicsville Md

DATE OF BURIAL, April 27th, 1915

20-UNDERTAKER Felix B. Pyfe

ADDRESS 102 E. Mulberry St

Spec.—5-19 13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84827

66 C84827

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N. Strieker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah F. Work

(Residence in Baltimore: No. 305 N. Strieker St.; 68 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Oct (Month) 23 (Day), 1846 (Year)

7-AGE.	If LESS than 1 day.
68 yrs. 6 mos. ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Clement V. Work

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co md

12-MAIDEN NAME OF MOTHER Elizabeth Weber

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia V. Work

(Address) 305 N. Strieker

15- Filed APR 26 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about May 1914, to Apr 24 1915, that I saw her alive on Apr 24 1915, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Paralysis X

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. mos. ds.

(Signed) Louis M Eastman M. D.

Apr 25, 1915. (Address) 1505 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cem	Apr 28 191.4

20-UNDERTAKER	ADDRESS
Jos Joerdens Son	217 S. Pace

C848:28 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C848:28

CERTIFICATE OF DEATH.

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 220 W Hamburg ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Tiggle

(Residence in Baltimore: No. 220 W Hamburg — St.: 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Colored	1

6 DATE OF BIRTH March 20, 1875
(Month) (Day) (Year)

7 AGE, 40 yrs. — mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE, (State or Country) Md

PARENTS.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or Country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or Country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Chaney

(Address) 220 W Hamburg

15 Filed APR 26 1915, 191.. MARY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH April 15, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) 3 yrs. mos. ds.

(Signed) E. Lee Emerson M. D.
(Coroner.)

April 15, 1915. (Address) 611 South St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL APR 26 1915

20 UNDERTAKER Commissioner Health ADDRESS
per Wm. E. WOODALL

(Body at Morgue)

FOR ANATOMICAL PURPOSES!

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84829

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84829

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 S. Paca ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Stovall

(Residence in Baltimore: No. 1222 S. Paca St.; 10 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 7th, 1883
(Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Clarence Stovall

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Stovall

(Address) 1222 S. Paca St.

15- APR 26 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1915, to Apr 25 1915, that I saw h.. alive on Apr. 25 1915, and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration).....yrs.....mos....6...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Stanley Troop M. D.

Apr 26 1915. (Address) 724 E Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 27th 1915

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Pearl St.

Spec.—8-24-14—M. & T.—2000 Blks.

C84830 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C84830

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 E Chase ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A Thompson

(Residence in Baltimore: No. 2422 E Chase St St.; 57 yrs., 2 mos. 10 ds.)

5

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1863 (Year)

7-AGE, 57 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Fleming Crowder

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Clara ——

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton F. Thompson

(Address) 2422 E Chase St

15- Filed APR 26 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1915, to April 24 1915, that I saw her alive on April 23 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. P. Herzog M.D. M. D.

April 24 1915. (Address) 305 Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Apr 27 1915.
20-UNDERTAKER Philip Herwig	ADDRESS 5016 Orleans

C84831

HEALTH DEPARTMENT--CITY OF BALTIMORE 79

CERTIFICATE OF DEATH

C84831

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3602 Winston Mills Rd. ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street number and fill out [redacted])

2 FULL NAME H. Webster Crowl

(Residence in Baltimore: No. No. 3602 Winston Mills Rd ST.: 62 yrs. — mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6 DATE OF BIRTH April 9, 1853 (Month) (Day) (Year)

7 AGE 62 yrs. 7 mos. 17 ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Edward H. Crowl

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Grable

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie M. Crowl

(Address) 3602 Winston Mills Rd.

APR 26 1915 Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 2 1915, to, Apl 26 1915, that I saw h[illegible] alive on Apl 25 1915, and that death occurred, on the date stated above, at 5:30 P m. The CAUSE OF DEATH* was as follows:

Chr. endo-carditis with valvular lesions

(Duration) over 20 yrs. mos. ds

Contributory (SECONDARY) General Anasarca and Exhaustion (Duration) — yrs. — mos. — ds.

(Signed) Robert H. Mullen M. D.

Apr 26, 1915 (Address) 1016 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL April 28, 1915

20 UNDERTAKER E. M. Mitchell | ADDRESS 1201 W. Fayette St.

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84832

CERTIFICATE OF DEATH.

92 C84832

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Fayette Street ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ROBERT A. THURSBY

(Residence in Baltimore: No. 1207 W. Fayette Street St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: Feby. 26, 1828 (Month) (Day) (Year)

7-AGE: 87 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): (Butcher Ret)

9-BIRTHPLACE, (State or Country): Prince Geo. Co. MD.

PARENTS.

10-NAME OF FATHER: Wm. Thursby

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Sarah Kirkley

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie E. Thursby

(Address) 1207 W. Fayette Street

15 APR 26 1915 Filed....., 191. MARY O. ANDREWS, Clerk.
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 24, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 1915, to Apr 24 1915, that I saw h-m alive on Apr 24 1915, and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

Tuberculosis Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. L. Jeffers M. D.

Apr 26, 191.. (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: April 27, 191.5

20-UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayett

C84833

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

115

C84833

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 639 Lee St. St.; 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Carney.

(Residence in Baltimore: No. 639 W Lee St. St.; \ yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) ..... (Day) 1843 (Year)

7-AGE: 72 yrs. 3 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) House wife

9-BIRTHPLACE (State or country) Cumberland Md

PARENTS

10-NAME OF FATHER Christopher Mattingly

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Guather

(Address) 639 Lee St

APR 26 1915 Filed ....., 191

HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1915, to Apr. 25 1915, that I saw h[illegible] alive on Apr. 24 1915, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis
Intoxication

(Duration) ..... yrs ..... mos. 10. ds.

Contributory (SECONDARY) Cirrhosis.

(Duration) — yrs — mos. — ds.

(Signed) M C Freiinger M.D. M. D.

Apr. 26, 1915 [Address] 682 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Apr. 27, 1915

20-UNDERTAKER: Jas. Dignan & Son — ADDRESS: 1000 S. Paca

Spec.—5-19-13—M. & T.—500 Blks.

C84834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84834

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Walker. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Becker.

(Residence in Baltimore: No. 1604 Walker. St.; 55 yrs., 9 mos. 23 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. | 4-COLOR OR RACE, White | 5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 1 (Day) 1856 (Year)

7-AGE, 58 yrs. 9 mos. 23 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cooper.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Severn Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not-Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not-Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Becker (Wife)

(Address) 1604 Walker St

15- Filed APR 26 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apl 18 1915, to Apl 26 1915, that I saw h— alive on Apl 26 1915, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Valentine M. D.

April 26, 1915 (Address) 16 S Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, April 27, 1915

20-UNDERTAKER Edward D. Manning | ADDRESS 1938 E. Lafayette Ave.

C84835

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84835

CERTIFICATE OF DEATH.

175

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 8 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Ruburg

(Residence in Baltimore: No. 1812 N. Durham St.; yrs. 65 mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH. Unknown (Month) ..... 1 (Day) (Year)

7-AGE. 73 yrs. ..... mos. ..... dys.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driving Street Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer). St. Cleaning Dept.

9-BIRTHPLACE. (State or Country) Germany

PARENTS.

10-NAME OF FATHER. Conrad Ruburg

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Katherine Yokel

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Ruburg

(Address) 1812 N. Durham

15- APR 26 1915 Filed ....., 191... HARRY O. MITCHELL, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 24 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull the result of accidental collision of Street Sweeper and car of U.R.&E.Co. (Duration) ..... yrs. ..... mos. 14 dys.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (Duration) ..... yrs. ..... mos. 3 dys.

(Signed) Wm. H. Savage, M. D. (Coroner.)

April 26, 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....dys. In the State.....yrs.....mos.....dys.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Calvary Cemetery — DATE OF BURIAL. April 27, 1915.

20-UNDERTAKER Robt J. Turner — ADDRESS 1442 N. Bond

IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84836

CERTIFICATE OF DEATH.

28 C84836

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 521 S. Linwood ave. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick R. Marks

(Residence in Baltimore: No. 521 S. Linwood ave St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, December 27, 1891.
(Month) (Day) (Year)

7-AGE, 23 yrs. 3 mos. 29 ds. If LESS than 1 day, ...hrs. or.....mio.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Car Shop

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Thos. R. Marks

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Willie A. Carson

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie A. Marks

(Address) 521 S. Linwood ave

15- Filed APR 26 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)..... yrs. 3 mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D.
(Coroner)

Apr. 26., 1915. (Address) 3116 O'Donnell st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	April 27 1915
20-UNDERTAKER	**ADDRESS**
Robt J Turner	1442 1 Bdway

Spec.—8-24-14—M. & T.—2000 Bks.

C84837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C84837

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Hermman Str - ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Dorn

(Residence in Baltimore: No. 1811 Hermman Str St.; ...yrs., 9 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Wm Dorn

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Barbara Smith

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Dorn

(Address) 1811 Hermman Str

15- Filed APR 26 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 26 1915, that I saw h.r alive on April 26 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ...yrs. 1 mos. 12 ds.

CONTRIBUTORY, (Secondary) Asthenia

(Duration) ...yrs. ...mos. 4 ds.

(Signed) William Francis M. D.

April 26 1915. (Address) 1407 W Pay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, April 28, 191.5.

20-UNDERTAKER W H J Turner

ADDRESS 442 N 13th Way

Spec.—8-24-14—M. & T.—2000 Bks.

C84838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C84838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S Wolfe ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Neiter

(Residence in Baltimore: No. 914 S Wolfe St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Neiter

(Address) 914 S Wolfe St

15- Filed APR 26 1915 191... HARRY O. ARLBERS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 24 1915, that I saw h— alive on April 24 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

..... Acute Bronchitis .....

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 25, 1915 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz Cemetery	April 27, 1915.
20-UNDERTAKER	ADDRESS
Wm I Turner	1821 N 13th way

Spec.—8-24-14—M. & T.—2000 Blks.

C84839 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C84839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 Birchhead St.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ophelia Virginia Johnson

(Residence in Baltimore: No. 133 Birchhead St. St.; yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 21 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 5 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, Charles Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Johnson

(Address) 133 Birchhead St

15- Filed APR 26 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1915, to Apr 26 1915, that I saw h-- alive on Apr 22 1915, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) M. E. Stifler M. D.

4/26, 1915. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	4/27, 1915.
20-UNDERTAKER	ADDRESS
J. Fem McCully	39 E Fort.

Spec.—5-19-13—M. & T.—500 Blks. Margaretta Zoebelein

C84840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C84840

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 E Lombard ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Zoebelein.

(Residence in Baltimore: No. 1938 E. Lombard St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. July 24 (Month), (Day), 1847 (Year)

7-AGE. 67 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Friedrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Schuyler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Zoebelein

(Address) 1938 E. Lombard St.

15- APR 26 1915 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 23rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4th 1915, to Apr. 23rd 1915, that I saw h Ξ alive on Apr. 23rd 1915, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Herman J. Siemens M. D.

Apr. 24, 1915 (Address) 1400 Eastern Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 27, 1915

20-UNDERTAKER Wendell Leppelsdon ADDRESS 313 S Conn St

C84841

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84841

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2204 Division St ST.: 14 WARD)

REGISTERED No. C 28

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. W Gordon

(Residence in Baltimore: No. 2204 Division St.: 21 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	Married

6-DATE OF BIRTH Unknown, 1877
(Month) (Day) (Year)

7-AGE 38 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Albert Gordan

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Dinah Daingerfield

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Gordon

(Address) 2204 Division St.

15- APR 26 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr 25, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/1, 1915, to, 4/25, 1915, that I saw him alive on 4/22, 1915, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
(Pulmonary Tuberculosis)
Attended for Influenza & Cardiac Weakness

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Tuberculosis

(Duration) yrs. mos. X ds.

(Signed) B C Ruffin M. D.

4/26, 1915 (Address) 1457 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery | DATE OF BURIAL: April 28, 1915

20-UNDERTAKER: Geo. W. Holland | ADDRESS: 577 Robert St.

is very important. See instructions on back of certificate.

C84842

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84842

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E. Lombard ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Braunstein

(Residence in Baltimore: No. 1115 E. Lombard St St. 11 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 58 yrs. ~ mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: David Braunstein

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Braunstein

(Address) 1115 E Lombard st

15- Filed APR 26 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/10th, 1914, to, April 26th 1915, that I saw h~~im~~ alive on April 24th 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pulmonary T. B, Chronic Nephritis

(Duration) 2 yrs 4 mos. ..... ds.

(Signed), M. B. Levin M. D.

....., 191..... [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1115 E. Lombard st

19-PLACE OF BURIAL OR REMOVAL: Fairview Pikesdale — DATE OF BURIAL: April 27, 1915

20-UNDERTAKER: A. Levinson Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

Henry Piscator

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84843

CERTIFICATE OF DEATH.

C84843

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. St. Joseph's Hosp. ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Piscator

(Residence in Baltimore: No. 902 N. Bond St.; 37 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), Widower

6-DATE OF BIRTH, ... September ....., 1 ..... (Month) (Day) (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Wm. Piscator

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Henrietta Dolt

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Mauff

(Address) 1803 E Lombard

15- Filed APR 27 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 10 1915, to April 24 1915, that I saw him alive on April 24 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

..... 1/2 hour

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Nephritis (Duration) do not know yrs. ..... mos. ..... ds.

(Signed) Edward H. Dutinger M. D.

April 24 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 14 ds. In the State 37 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 902 N. Bond St.

Former or usual residence 902 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem — DATE OF BURIAL, April 27, 1915

20-UNDERTAKER J. Herrity & Co — ADDRESS 29 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84844

CERTIFICATE OF DEATH.

92 C84844

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Turner

(Residence in Baltimore: No. 127 N. Washington St.; 34 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1880 (Year)

7-AGE. 34 yrs. 10 mos. 23 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joshua Turner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Johanna Riddle

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice F. Turner

(Address) 127 N. Washington

15- Filed APR 27 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 191 5, to Apr 26 191 5, that I saw h[illegible] alive on Apr. 25 191 5, and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Meningitis coming on during an attack of Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

(Signed) A. F. Ries M. D.

Apr 26, 191 5. (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, April 29 191 5

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84845

CERTIFICATE OF DEATH.

50 C84845

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Buffalo

(Residence in Baltimore: No. 46 Ellwood Ave St.; — yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Do not know, 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country), Italy "

12-MAIDEN NAME OF MOTHER "Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Moran Hosp

(Address) Calvert St

15- APR 27 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1915, to Apr 27 1915, that I saw him alive on Apr 27 1915, and that death occurred, on the date stated above, at 5:05 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Do not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 0

(Duration) yrs. mos. ds.

(Signed) Edward V Smith M. D.

Apr. 27, 1915... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State — yrs. 3 mos. — ds.

Where was disease contracted, if not at place of death? Do not know

Former or usual residence 46 Ellwood Ave.

19-PLACE OF BURIAL OR REMOVAL, St Patrick Cemetery

DATE OF BURIAL, April 29 1915

20-UNDERTAKER John A Moran

ADDRESS Back & Aisquith

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84846

CERTIFICATE OF DEATH.

28 C84846

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N Wolfe ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E Reid

(Residence in Baltimore: No. 1038 N Wolfe St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ...17.... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Reid

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eliza Pleasant

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Pleasant

(Address) 1038 Wolfe St

15- APR 27 1915 Filed ....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 1915, to apr 25 1915, that I saw h[illegible] alive on apr 25 1915, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pott's disease & Heart failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Fisher M. D.

April 26 1915. (Address) 1626 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Usbery cemetery | DATE OF BURIAL, April 28 1915

20-UNDERTAKER R E Gross | ADDRESS 1425 Mcelderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84847

CERTIFICATE OF DEATH.

13 C84847

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Koloza

(Residence in Baltimore: No. 3036 Boston St. St.; 29 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH, Sept 16, 1883 (Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER: John Koloza

11-BIRTHPLACE OF FATHER (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Hannah Schmitz

13-BIRTHPLACE OF MOTHER (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski

(Address) 705 S. Ann

15- Filed APR 27 1915, 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1915, to Apr 25 1915, that I saw her alive on Apr 25 1915, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Early puerperal

Septicaemia

..... (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart disease

..... (Duration) yrs. mos. ds.

(Signed) H. M. Friedman M. D.

....., 191... (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 4 ds. In the State 14 yrs. mos. ds.

Where was disease contracted, if not at place of death? 3036 Boston St.

Former or usual residence 3036 Boston St.

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, April 28 1915

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

C84848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Belle Ave ST.) 15 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Walter Winfred Tafel -

(Residence in Baltimore: No. 3725 Belle Ave - St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1884 (Year)

7-AGE 31 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Louis H Tafel

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Amelia Ruth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Tafel -

(Address) 3723 Belle Ave

15- Filed APR 27 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11, 191 5, to Apr 25 191 5, that I saw h im alive on Apr 24, 191 5, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Corbett M. D.

191... (Address) 2020 N. Charles St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 27, 1915.

20-UNDERTAKER W. J. Tickner & Son

ADDRESS Lemon & North

-Schuck 2020 N Charles st

C84849 HEALTH DEPARTMENT--CITY OF BALTIMORE C84849

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4000 Liberty Heights St. 15 WARD)

REGISTERED No. C 28

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Parker

(Residence in Baltimore: No. 4000 Liberty Heights St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Deamber 24, 1880 (Month) (Day) (Year)

7-AGE 34 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Henry Parker

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Margaret Lingo

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Parker

(Address) 4000 Liberty Heights Ave

15. Filed APR 27 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 25th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1908, to April 25th 1915, that I saw him alive on April 24th, 1915, and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Chr. Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Cardiac Dilatation sudden

(Duration) yrs. mos. ds.

(Signed) J W. Keown M. D.

April 26th, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Wooglawn Cemetery — DATE OF BURIAL April 28, 1915

20-UNDERTAKER H. J. Lackner & Sons — ADDRESS Penna & North

is very important. See instructions on back of certificate.

C84850 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C84850

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No..... St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Curley

(Residence in Baltimore: No. Little Sisters of the Poor St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH ....., 1838
(Month) (Day) (Year)

7-AGE: 77 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Marc Machon

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Cawney

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. Benedict

(Address) Little Sisters of the Poor

15- Filed APR 27 1915 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 26 (Month) 26 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No record, 191..., to, ..., 191..., that I saw h... Her alive on April 18 1915, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Unknown (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Dropsy

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed), F. Alvarez, M. D.

April 26 191 5 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 12 yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral DATE OF BURIAL: April 27, 1915

20-UNDERTAKER: H. C. Wiedefeld ADDRESS: 924 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84851

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Reese.

(Residence in Baltimore: No. 2835 Hampton St St.; ....yrs.,....mos....ds.)

Hampden 2835 Hp

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 17, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter Reese

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Laura Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..A B Curry.....

(Address).....

15- ROBERT . KRAUTER

Filed APR 27 1915 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 21 1915, to Apr 26 1915, that I saw him alive on Apr 26 1915, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration).....yrs.....mos....7....ds.

CONTRIBUTORY (Secondary) None

..... (Duration).....yrs.....mos.....ds.

(Signed) Alma S Kotthoff M. D.

Apr 27, 1915. (Address) J. D. Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 5 ds. In the State....yrs. 10 mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2835 Hampton St

19-PLACE OF BURIAL OR REMOVAL, St Mary's Ham's Ben

DATE OF BURIAL, Apr. 28, 1915

20-UNDERTAKER Clement H & Son

ADDRESS Chestnut St

Spec.—5-19-13—M. & T.—500 Blks.

C84852 HEALTH DEPARTMENT—CITY OF BALTIMORE C84852

CERTIFICATE OF DEATH. REGISTERED No. C

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Hospital for Women Lafayette ave John St. ST.; 14 WARD)

2-FULL NAME Emma Dix

(Residence in Baltimore: No. Hospital for Women St. St.; ...yrs., ... mos. 7 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July 15, 1876 (Month) (Day) (Year)

7-AGE, 38 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harrington Delaware ~~Maryland~~

PARENTS.

10-NAME OF FATHER, Matt Dix

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER, Elmira Smith

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F.V. Faulkner

(Address) Delmar Delaware

15- APR 27 1915 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to April 27 1915, that I saw h~~er~~ alive on April 27 1915, and that death occurred, on the date stated above, at 2.52 pm

The CAUSE OF DEATH* was as follows:

Septicemia following self-induced abortion

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. 15 ds.

(Signed) A.T. Jones M. D.

April 27, 1915. (Address) Women's Hospital Salisbury Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State 12 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Denton Md.

Former or usual residence Denton Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Harrington Del Ind	4-28, 1915
20-UNDERTAKER, H.W. Jenkins Sons Co	ADDRESS Orchard & McCulloh St

Spec.—5-12-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84853

CERTIFICATE OF DEATH.

151 C84853

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Baird

Residence in Baltimore: No. Johns Hopkins Hospital X St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	W	sing'l

6-DATE OF BIRTH, Apr. (Month) 21 (Day), 1915 (Year)

7-AGE, (yrs. 1 mos. ds. If LESS than 1 day, 12 hrs. or min.)

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. (
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Catherine Baird

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed APR 27 1915, 191... ROBERT KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 22 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1915, to Apr. 22 1915, that I saw h[illegible] alive on Apr. 22, 1915, and that death occurred, on the date stated above, at 10 45P m.

The CAUSE OF DEATH* was as follows:

Prematurity - 8 months

Fetus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (

(Duration) yrs. mos. ds.

(Signed) E D Plass M. D.

Apr 26 1915 (Address) J H H

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL APR 26 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84854

CERTIFICATE OF DEATH

151 C84854

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 891 Hollins St St.; 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Gladys Phillips

(Residence in Baltimore: No. 501 Hollins St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr. 1, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 25 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Harry Phillips

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Emma Burke.

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Phillips

(Address) 501 Hollins St

15. Filed APR 27 1915 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1- 1915, to Apr. 26 1915.

that I saw her alive on Apr. 25 1915.

and that death occurred, on the date stated above, at 12 30 pm.

The CAUSE OF DEATH* was as follows:

Congenital debility wgt. at birth 3 lbs.
Jaundice.

(Duration) ..... yrs. ..... mos. 25 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M C Pfeltinger M. D.

Apr 26 1915 (Address) 682 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Apr. 27, 1915

UNDERTAKER: Geo. E. Schmidt & Bro | ADDRESS: 210 Park Ave

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84855

CERTIFICATE OF DEATH.

170 C84855

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S W Cor Franklin St & Fulton St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Cox.

(Residence in Baltimore: No. Home for the Aged of the M.E Church St.; 68 yrs., mos. (dh.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ✓ (Month) ✓ (Day) 1834 (Year)

7-AGE,	If LESS than 1 day.
81 yrs. ✓ mos. ✓ da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Somerset Co Md.

PARENTS.

10-NAME OF FATHER, Wm Harris

11-BIRTHPLACE OF FATHER (State or Country), New York State

12-MAIDEN NAME OF MOTHER Anne Moore

13-BIRTHPLACE OF MOTHER (State or Country), Somerset Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Rebekah Newnam

(Address) Fulton Ave and Franklin St

15- Filed APR 27 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1st 191 5, to April 26 191 5, that I saw h er alive on April 25 191 5, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) 3 yrs. ✓ mos. ✓ da.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ✓ yrs. 3 mos. ✓ da.

(Signed) Geo E Shannon M. D.

Apr 26, 1915. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, April 28, 191.

20-UNDERTAKER Geo J. Smith ADDRESS 500 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84856 HEALTH DEPARTMENT—CITY OF BALTIMORE C84856

CERTIFICATE OF DEATH.

+64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Barton

(Residence ~~in Baltimore~~: No. Laurel, Md St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or ~~DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 50 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Days

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Barton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Hobbs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Barton

(Address) Laurel Md

15- APR 27 1915 HARRY O. ANDREWS, Filed ..., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1915, to Apr. 27 1915, that I saw him alive on Apr. 27 1915, and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Years Unknown mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) about yrs. ... mos. 12 hrs

(Signed) Edward P. Smith M. D.

Apr 27, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1/2 ds. In the State 5 yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Laurel Md

Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL, Laurel Md

DATE OF BURIAL, Apr. 27, 1915

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore Pa

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84857

CERTIFICATE OF DEATH.

91 C84857

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME CATHARINE EISENHARDT

(Residence in Baltimore: No. 1629 Eutaw Place St.; Victims mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept. (Month) 26th. (Day) 1845 (Year)

7-AGE, 69 yrs. 7 mos. = ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William Wigley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V. Bassett

(Address) 1629 Eutaw Place

15- HARRY O. ANDREWS, FILED APR 27 1915 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 20 1915, to Apl 26 1915, that I saw her alive on Apl 20 1915, and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cordiac Dilatation

(Duration) yrs. four mos. ds.

(Signed) Hubert C. Blake M. D.

, 191... (Address) 1014 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park Cemetery

DATE OF BURIAL, April 29 1915

20-UNDERTAKER E. M. Mitchell

ADDRESS 120 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

C84858 HEALTH DEPARTMENT—CITY OF BALTIMORE 70 C84858

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 945 Hollins ST.; 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Hogan

(Residence in Baltimore: No. 945 Hollins St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 7..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel O'Mara

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Gill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sallie Brannigan

(Address) 945 Hollins St

15- Filed APR 27 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st, 1915, to April 25, 1915, that I saw h[illegible] alive on April 23 1915, and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

Metastasis

Duration of Disease

Two months under my care

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John L. Young M. D.

4-27, 1915. (Address) 1302 N. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, April 28 1915

UNDERTAKER John F. Love and Son

ADDRESS 901 Hollins St

C84859

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C84859

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 E. Balto ST.; V WARD)

2-FULL NAME Henry B. Busse.

(Residence in Baltimore: No. 1925 E. Baltimore St.; 49 yrs. 3 mos. 9 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 16 (Month) (Day) 1866 (Year)

7-AGE: 49 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John V. Busse.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Bernadina Thoman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernadina Busse

(Address) 1925 E. Balto St.

15- APR 27 1915 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 1915, to, April 25 1915, that I saw h.. alive on April 24 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis
Atrophic

(Duration) 2 yrs. 2 mos. 14 ds.

Contributory (SECONDARY) Broken Compensation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Geo. Clinton Bladis. M. D.

4/27/15, 191.... [Address] 143 N Bway.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 28 1915

20-UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St.

C84860

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84860

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Williams

(Residence in Baltimore: No. 619 Greenmeadow St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. Geo. W Williams

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Catherine Rogers

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Williams

(Address) 230 Hanover St

15 APR 27 1915 Filed ..... 191... HARRY O. ANDREWS, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. S. Fetter M. D.
(Coroner)

Apr. 27, 1915 (Address) 913 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery. DATE OF BURIAL, April 28 1915

20-UNDERTAKER D. & M. Margaret J Flynn ADDRESS 1422 Light St

Important. See instructions on back of certificate.

C84861

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

C84861

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Light St Drawbridge St.: 23 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Bell Biggs

(Residence in Baltimore: No. Light St Drawbridge St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 3, 1877 (Month) (Day) (Year)

7-AGE: 37 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: John Andrew Johnston

11-BIRTHPLACE OF FATHER (State or country): Canada

12-MAIDEN NAME OF MOTHER: Hannah Torrens

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda Edwards

(Address) 2317 E Oliver St

APR 27 1915

HARRY O. ANDREWS, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 9th, 1915, to, April 26th 1915, that I saw h.r alive on April 26th 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(septic source unknown)

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Anaemia - Exhaustion.

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) J W Keown M. D.

April 26, 1915 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Anthony Canada

DATE OF BURIAL: April 29th 1915

20-UNDERTAKER: D+ Margaret F. Lynn

ADDRESS: 1722 Light St

This is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 C84862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Huntingdon Ave ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley M. Anderson

(Residence in Baltimore: No. 2602 Huntingdon Ave St.; ..... yrs., 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... March 1st, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 1 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Arthur M. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Balto County Md

12-MAIDEN NAME OF MOTHER Ada G. Bennington

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur M. Anderson

(Address) 2603 Huntingdon Ave

15-APR 27 1915 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1915, to April 26 1915, that I saw h[illegible] alive on April 26 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory Anemia

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) R. B. Noment M. D.

April 27, 1915. (Address) 3234 Clendenin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 28, 1915
20-UNDERTAKER W. J. Cantwell	ADDRESS 2 N. Mount St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84863 150 C84863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E Federal ST. 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Curtis

(Residence in Baltimore: No. 316 E Federal St.; 0 yrs., 0 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 21 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Young

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Era Curtis

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Era Curtis

(Address) 316 E Federal St

15 APR 27 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 21 1915, to Apr 27 1915, that I saw him alive on Apr 27 1915, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Patent foramen Ovale

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

Apr 27, 1915 (Address) Mercy 1400

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 316 E Federal St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Era — DATE OF BURIAL, Apr 28, 1915

20-UNDERTAKER J. E. Bayer H. Holland — ADDRESS 517 Howard St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Page 709 N. Broadway

C84864

CERTIFICATE OF DEATH.

119 7

C84864

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 E. Pratt ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon M Krug

(Residence in Baltimore: No. 1822 E Pratt St.)

37 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept 22, 1877
(Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant House

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Leon Krug

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Betty Wolling

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Krug

(Address) 1822 E. Pratt

15. APR 27 1915 Filed..... 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1915, to April 26 1915, that I saw h[illegible] alive on April 26 1915, and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Alex L Sage M. D.

4/27, 1915. (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, 4/29, 1915

20-UNDERTAKER William Cook — ADDRESS 3076 North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84865

CERTIFICATE OF DEATH.

90 C84865

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. Baltimore St. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Becker

(Residence in Baltimore: No. 708 E. Baltimore St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 7, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Practical Medicine
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa E. Becker

(Address) 708 E. Balto St

15- NANCY O. ANDREWS,

Filed APR 27 1915, 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1915, to Apr. 25 1915, that I saw h[illegible] alive on Apr. 25 1915, and that death occurred, on the date stated above, at 9-10 m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. 1 ds.

(Signed) Geo Luther Hodes M. D.

Apr 27 1915, 191.... (Address) 1430 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Apr. 29, 1915.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

C84866 HEALTH DEPARTMENT--CITY OF BALTIMORE C84866

CERTIFICATE OF DEATH

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 802 E Northern St.: 9 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Wagner

(Residence in Baltimore: No. 802 E Northern St.: 34 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
Female	White	Married

6-DATE OF BIRTH May 1, 1852 (Month) (Day) (Year)

7-AGE 62 yrs. 11 mos. 25 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER John McGraf

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary A Ruane

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wagner

(Address) 802 E. North Ave

15- APR 27 1915 Filed ....., 191.... HARRY O. ARLETS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14, 1915, to April 26 1915, that I saw h[illegible] alive on April 26, 1915, and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 13 ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) F F Kirby M. D.

April 27, 1915 (Address) 110 E Northern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	4/29, 1915

20-UNDERTAKER	ADDRESS
Wellman Cork	502 E North

IMPORTANT: Physician is required by law to fill out this certificate. Undertaker is required by law to file it with the Registrar. Failure to perform these duties is very important. See instructions on back of certificate.

Spec.—5-10-13—M. & T.—500 Bks.

C84867 HEALTH DEPARTMENT—CITY OF BALTIMORE

Annie Underriden

CERTIFICATE OF DEATH.

+120 C84867

REGISTERED No. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Dpt. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Annie Underriden

(Residence in Baltimore: No. Marrell Park, Balto. Md. St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6—DATE OF BIRTH, June (Month) 22 (Day), 1875 (Year)

7—AGE, 39 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or...min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9—BIRTHPLACE, (State or Country), Pa.

PARENTS.

10—NAME OF FATHER, George Markley

11—BIRTHPLACE OF FATHER (State or Country), Pa

12—MAIDEN NAME OF MOTHER Mary A. Snyder

13—BIRTHPLACE OF MOTHER (State or Country), Pa.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Underriden

(Address) Morrell Park, Md.

15— HARRY C. ANDREWS

Filed APR 27 1915, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April (Month) 26 (Day), 1915 (Year)

17— I HEREBY CERTIFY, That I attended deceased from April 21 1915, to April 26 1915, that I saw her alive on April 25 1915, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Davis Kerford M. D.

Apr. 26, 1915 (Address) Church Home Dpt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State 14 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Morrell Park, Md.

Former or usual residence Morrell Park Md.

19—PLACE OF BURIAL OR REMOVAL, Mechanicsburg Pa — DATE OF BURIAL. Apr. 28, 1915

20—UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84868

CERTIFICATE OF DEATH.

154 C84868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Division St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Henry

(Residence in Baltimore: No. 1418 Division St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colerd

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, unknown (Month), 1 (Day) (Year)

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Coachman

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Barney Henry

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Rebala gray

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Henry

(Address) 1418 Division st

15- Filed APR 28 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1915, to Apr 25 1915, that I saw him alive on Apr 25 1915, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) D. Laceration

(Duration) yrs. 1 mos. ds.

(Signed) S. B. Hughes M. D.

Apr. 26 1915. (Address) 1418 D. Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 28, 1915
20-UNDERTAKER	ADDRESS
John H Goodwin	142 N Hill st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84869

CERTIFICATE OF DEATH.

120 C84869

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Ellwood Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Griffin

(Residence in Baltimore: No. 1914 Ellwood Place St.; ...yrs.,...mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, ... Don't Know, 1 ..... (Month) (Day) (Year)

7-AGE 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Harry Griffin

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Elmar Drebing

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmar Griffin

(Address) 1914 Ellwood Place

15- Filed APR 28 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 24, 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1915, to April 24 1915, that I saw h m live on April 22 1915, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) O E Fell M. D.

April 25 1916. (Address) 100 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, April 28 1915

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84870

CERTIFICATE OF DEATH.

120 C84870

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hms Hopkins Hosp. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hutton

(Residence in Baltimore: No. 820 N. Durham St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day), 1864 (Year)

7-AGE 50 ....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos. Hutton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Phoebe Holland.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- APR 28 1915 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22 1915, to Apr. 25 1915, that I saw h~~e~~ alive on Apr. 25 1915, and that death occurred, on the date stated above, at 6-30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

..... (Duration) Don't know yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ....yrs.....mos. 7 ds.

(Signed) Frank H. Evans M. D.

Apr. 25, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1211 N. Durham St.

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. | DATE OF BURIAL, Apr. 28 1915.

20-UNDERTAKER Sam'l W. Crane & Son | ADDRESS 400 Mosher

Spec.—5-19-13—M. & T.—500 Bks.

C8487 HEALTH DEPARTMENT—CITY OF BALTIMORE C84871

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Winchester ST.; 16 WARD) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta E. Dyson (Dysow)

(Residence in Baltimore: No. 1317 Winchester St.; ....yrs., ...mos.... ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, April (Month) ..... (Day), 1904 (Year)

7-AGE, 10 yrs. 1 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none-attended
(b) General nature of industry, business, or establishment in which employed (or employer)..... School

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Dyson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Worthington

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dyson

(Address) 1317 Winchester St.

15- APR 28 1915 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1914, to April 26th 1915, that I saw h m alive on April 23 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Heart Disease
(Valvular)

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) — yrs. 1 mos. — ds.

(Signed) Oscar Baldwin M. D.

April 24 1915. (Address) Two Eagle Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, April 28 1915.
Laurel Cem	
20-UNDERTAKER Chas. H. Chase Son	ADDRESS 1400 Hooker St

Spec.—8-24-14—M. & T.—2000 Bks.

C84872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84872

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Millman ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bell

(Residence in Baltimore: No. 1623 Millman St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 56 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Crane .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Digger .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lillie E. Bell .....

(Address) 1623 Millman St.

15- Filed APR 28 1915, 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 26 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1915, to April 26, 1915, that I saw h him alive on April 25, 1915, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

..... Phthisis ..... Pulmonalis .....

.....

.....

..... (Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrh.

..... (Duration) .....yrs. Months mos. 1 ds.

(Signed) ..... M. D.

4-27, 1915 (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, ... APR 28, 1915

20-UNDERTAKER Sam H Chase Son

ADDRESS 800 Mosher

Spec.—8-24-14—M. & T.—3000 Bks.

C84873 HEALTH DEPARTMENT—CITY OF BALTIMORE C84873

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 Gutman St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Kriel (Kriebl)

(Residence in Baltimore: No. 658 Gutman St.; 58 yrs. 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November 16, 1856
(Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police officer
(b) General nature of industry, business, or establishment in which employed (or employer): Police

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, John Kriel

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dora Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine A. Kriel

(Address) 658 Gutman

15- Filed APR 28 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to April 27 1915, that I saw h... alive on April 26 1915, and that death occurred on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas Gadden M. D.

4/27/15, 191.. (Address) 321 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	April 29, 1915
20-UNDERTAKER	ADDRESS
William Cook	552 E. North Ave

C84874 HEALTH DEPARTMENT—CITY OF BALTIMORE C84874

155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1721 W. Lanvale ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Wilhelm

(Residence in Baltimore: No. 1721 W. Lanvale St.; yrs. 10 yrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, unknown (Month), ... (Day), 1 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), (Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gorman

(Address) 1123 Columbia Ave

15- FILED APR 28 1915, ROBERT . KRAUTH, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic acid poisoning

taken with suicidal intent

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D. (Coroner)

Apr. 28, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park & Gen	April 29, 1915
20-UNDERTAKER	ADDRESS
John J. Fields	1500 W. Lombard

Important. See instructions on back of certificate.

C84875 HEALTH DEPARTMENT—CITY OF BALTIMORE C84875

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Sq. Hospl ST.: 13 WARD)
REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Dora White
(Residence in Baltimore: No. 2610 Francis St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Jan. (Month) 12th (Day), 1886 (Year)

7-AGE, 29 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, Louis Shores
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER —— Noble
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Marcus White
(Address) 2610 Francis St

15- APR 28 1915 Filed, 191 ROBERT . KRAUTER Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Miscarriage
Puerperal Septichaemia
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Sam'l M Guntrum (Coroner) M. D.
April 27th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 29 yrs. 3 mos. 14 ds.
Where was disease contracted, if not at place of death? 2610 Francis St
Former or usual residence 2610 Francis St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Veals Island Md	Apr 28 1915
20-UNDERTAKER	ADDRESS
W J Lickum & Son	North & Pa

C84876 HEALTH DEPARTMENT--CITY OF BALTIMORE C84876

CERTIFICATE OF DEATH 40

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 432 N. Brice St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Marvel (Marvel)

(Residence in Baltimore: No. 432 N. Brice St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Feb 18, 1863 (Month) (Day) (Year)

7-AGE 52 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Ed. Holliday

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Anna Gould

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Marvel

(Address) 432 N. Brice

Filed APR 28 1915, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 — 26, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3 — 10, 1915, to, 4 — 26 1915, that I saw h-er alive on 4 — 26, 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Inanition
don't know. X

Operation (Duration) yrs. mos. ds.
Contributory (SECONDARY) Carcinoma of Stomach (Operation) (Duration) don't Known yrs. mos. ds.

(Signed) A.G. Barnett M. D.

Apr 27, 1915 (Address) 1631 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge — DATE OF BURIAL Apr 29, 1915

20-UNDERTAKER Wm J Pickerson Sons — ADDRESS North Ave

If LIVE BIRTH, was child born alive at full term (normal)? If DEATH WITHIN 1 YEAR OF BIRTH, how long did child live? If STILLBORN, was it macerated? (This information is very important. See instructions on back of certificate.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84877 **CERTIFICATE OF DEATH.** 153

REGISTERED No. C 84877

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1557 Leslie ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Carter

(Residence in Baltimore: No. 1557 Leslie St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: May (Month) 13th (Day), 1914 (Year)

7-AGE: ....yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: John Talbot

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Florence Carter

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Carter

(Address) 1557 Leslie St.

15 APR 28 1915 Filed....., 191....

ROBERT ..... REGISTRAR

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Daniel Hemsley M. D.
(Coroner)

April 27th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: APR 27 1915

20-UNDERTAKER

ADDRESS

Burial Permit Clerk. Commissioner Health

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84878

CERTIFICATE OF DEATH.

9r C84878
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 E Biddle ST.; 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Boyercroft

(Residence in Baltimore: No. 1900 E Biddle St.; ....yrs.... mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) ....., 1914 (Day) (Year)

7-AGE, 1 yrs. 4 mos. ....da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, George Boycroft

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Elizabeth Doll

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Boycroft

(Address) 1900 E. Biddle St.

15. Filed APR 28 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27, (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25th 1915, to April 27 1915, that I saw him alive on April 27th 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 25 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Stewart E Longnecker M. D.

4/28, 1915. (Address) 15 W Fayette Mont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 28 1915

20-UNDERTAKER Windell Hoppe & Son ADDRESS 37 d Ann St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84879

CERTIFICATE OF DEATH

C84879

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1911 Somerset St. 9 WARD)

2-FULL NAME Baby Forest

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

(Residence in Baltimore: No. 1911 Somerset St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 26, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Harry Forest

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Bessie Nash

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- Filed APR 28 1915 ..... 191.....

Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 26, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26, 1915, to April 26 1915, that I saw him alive on April 26 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cause.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. D. Glass. M. D.

April 26 1915. [Address] J. H. Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL, Commissioner Health.

DATE OF BURIAL: APR 27 1915 191.....

20-UNDERTAKER .....

ADDRESS .....

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84880

CERTIFICATE OF DEATH.

C84880

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Kelley

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 22, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St

Filed APR 28 1915 191 ROBERT . KRAUTER, Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1915, to April 25 1915, that I saw h er alive on April 25 1915, and that death occurred, on the date stated above, at 2.00 a.m.

The CAUSE OF DEATH* was as follows:

.....Chorea.....

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) yrs. mos. ds.

X (Signed) Elmer G. Hall M. D.

April 27, 1915. (Address) 1612 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Apr 28 1915
20-UNDERTAKER	ADDRESS
Martin Fahey & Sons	506 Lafayette Ave

Spec.—5-19-13—M. & T.—506 Bks.

C84881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84881

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Inft Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Eulalia Herman

(Residence in Baltimore: No. St Vincents Infant Asylum St.; ..... yrs. ..... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 8th (Day), 1915 (Year)

7-AGE, ... yrs. ..... mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15- APR 28 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Mad 4050

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1915, to April 23rd 1915, that I saw h[illegible] alive on April 23rd 1915, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) Impetigo contagiosa

..... (Duration) ..... yrs. ..... mos. 10 ds.

X (Signed) Elmer G. Hall M. D.

April 24, 1915. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. 16 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Apr 28, 1915

20-UNDERTAKER M. Faherty & Son — ADDRESS 606 Fayette St

C84882

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84882

CERTIFICATE OF DEATH

151

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2016 N. Smallwood ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton George Menzel (Menzel)

(Residence in Baltimore: No. 2016 N. Smallwood St.; Lafetsine ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH April (Month) 27 (Day) 1915 (Year)

7-AGE ✓ yrs. ✓ mos. ✓ ds. — If LESS than 1 day, 6½ hrs., or ✓ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER George Clinton Menzel

11-BIRTHPLACE OF FATHER (State or country) Balto Co. Md.

12-MAIDEN NAME OF MOTHER Jane A. E. Landis

13-BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George C. Menzel

(Address) 2016 N. Smallwood

15- Filed APR 28 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 27, 1915, to, Apl 27 1915, that I saw him alive on Apl 27 1915, and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth 6½ months
Utero-Gestation

(Duration) ✓ yrs 6½ hours ds.

Contributory (SECONDARY) .....

(Duration) ✓ yrs ✓ mos. ✓ ds.

(Signed) Henry C. White M. D.

Apr 27 1915 [Address] 1203 W. Fayette St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 28 1915

20-UNDERTAKER: Eli. Mitchell — ADDRESS: 1201 W. Fayette St.

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84883

CERTIFICATE OF DEATH

92 C84883

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Deiches

(Residence in Baltimore: No. 1805 Bolton St. St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. (Month) 8th (Day) 1873 (Year)

7-AGE: 42 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tobacco Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland Norfolk Va

PARENTS

10-NAME OF FATHER: Wm Deiches

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Jennie Keelet

13-BIRTHPLACE OF MOTHER (State or country): Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Deiches

(Address) 1805 Bolton St

15- APR 28 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 27 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/23/15, 191..., to, 4/27 1915, that I saw h..im alive on 4/27/ 1915, and that death occurred, on the date stated above, at 9.55 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

Contributory (SECONDARY) Acute Pulmonary Edema

(Duration) ... yrs. ... mos. 1 ds.

(Signed), M. B. Levine M. D.

April 27, 1915. [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 5 ds. In the State 40 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1805 Bolton St.

Former or usual residence 1805 Bolton St.

19-PLACE OF BURIAL OR REMOVAL: Balt Hebrew

DATE OF BURIAL: April 29th 1915

20-UNDERTAKER: David Sondheim

ADDRESS: 118 N. Howard

Spec.—8-24-14—M. & T.—2000 Bks.

C84884 HEALTH DEPARTMENT—CITY OF BALTIMORE C84884

CERTIFICATE OF DEATH. 91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME John Vachino

(Residence in Baltimore: No. 1013 Stirling St.; 8 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 17th (Day), 1884 (Year)

7-AGE, 30 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Frank Vachino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Frank Lagna

(Address) 1018 Stirling St

15- Filed APR 28 1915 ROBERT KRAUTER, Registrar.
Burial Permit Office

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 27th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15th 1915, to April 27th 1915, that I saw him alive on April 27th 1915, and that death occurred, on the date stated above, at 12-15 a. m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 28th, 1915. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 29 1915.

20-UNDERTAKER Henry Hooke & Son ADDRESS 1301 E. Eager.

Spec.—5-19-13—M. & T.—500 Bks.

C84885 HEALTH DEPARTMENT—CITY OF BALTIMORE 89 C84885

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 754 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby. Burke.

(Residence in Baltimore: No. 754 W Fayette St.; ....yrs.. ....mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, Apr. (Month) 18 (Day), 1915 (Year)

7-AGE, 0 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Fred Burke.

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER, Ruth White.

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katzen

(Address) 754 W. Fayette

15- Filed APR 28 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1915, to Apr 26 1915, that I saw her alive on Apr 25 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Opening with artificial feeding

(Duration) ....yrs. ....mos. ....ds.

(Signed) Myer A. Weinberg M. D.

Apr. 28, 1915 (Address) 1804 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Schwartz's Cem.	Apr. 28, 1915.
20-UNDERTAKER	ADDRESS
Mrs. Mrs Jno N. Senfel	801 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84886 C84886

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Milton Ave ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilmer L. Olsen

(Residence in Baltimore: No. 805 N. Milton Ave St.; Life yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20th, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Hans J. Olsen

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Bertha Olsen

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Olsen

(Address) 805 N. Milton Ave

15- FILED APR 28 1915 ROBERT . KRAUTER, Burial Permits Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1915, to April 24, 1915, that I saw him alive on April 26th, 1915, and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

eleven days (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Spinal Meningitis

two days (Duration) ...yrs. ...mos. ...ds.

(Signed) Fred. A. Cogswell M. D.

April 28 1915. (Address) 2216 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Evangelical Cem.

DATE OF BURIAL, April 29 1915

UNDERTAKER H. Sander Sons

ADDRESS 1710 Park Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84887 HEALTH DEPARTMENT—CITY OF BALTIMORE

19 C84887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 East Biddle St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Brukert

(Residence in Baltimore: No. 1226 East Biddle St.: 60 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March 22, 1835 (Month) (Day) (Year)

7-AGE. 79 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Frederick Schley

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George R. Thompson

(Address) 152d N. Bond St.

15- Filed APR 28 1915 MARY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1915, to April 27 1915, that I saw h.r alive on April 27 1915, and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. F. Schmit M. D.

April 27 1915 (Address) 1501 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. April 30th 1915

20-UNDERTAKER George Schilling & Sons

ADDRESS 1121 E. Monument St

C84888

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84888

1 PLACE OF DEATH: Little Sisters of the Poor — REGISTERED No. C.....

CITY OF BALTIMORE: (No..... ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: James Leary

(Residence in Baltimore: No. 2416 E. Oliver St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widower

6-DATE OF BIRTH: Feb (Month) 26th (Day), 1832 (Year)

7-AGE: 83 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: James Leary

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Anne Brook

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Sr Rose Dial

(Address): Little Sisters of the Poor

APR 28 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 26 (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No record, 191..., to, ..., 191....., that I saw h[illegible] alive on several times previously, 191....., and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart
Uncertain (Duration) ..... yrs ..... mos. ..... ds.
Contributory (SECONDARY) Asthma
..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), F. A. Warner M. D.
April 27, 1915. [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death 9 yrs. ..... mos. ..... ds. In the State — yrs — mos — ds.
Where was disease contracted if not at place of death?
Former or usual residence: Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 28th, 1915

20-UNDERTAKER: Geo M. Fink ADDRESS: 811 N Wolfe

(IT IS very important that you see instructions on back of certificate.)

Spec.—8-24-14—M. & T.—2000 Bks.

C84889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84889

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Brown.

(Residence in Baltimore: No. 508 Colvin St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Oct 7 1872
(Month) (Day) (Year)

7-AGE. 42 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, John Brown.

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- APR 28 1915 MARY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1915, to April 26 1915, that I saw h.. alive on April 26 1915, and that death occurred, on the date stated above, at 10.35 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank A. Evans M. D.

April 27, 1915. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 27 ds. In the State 42 yrs. 6 mos. 4 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 508 Colvin St.

19-PLACE OF BURIAL OR REMOVAL, Pleasant Rest Cemetery Towson Md. DATE OF BURIAL, April 29. 1915

20-UNDERTAKER Robert A. Elliott ADDRESS 1067 Boyer Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84890

CERTIFICATE OF DEATH.

92 C84890

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 Somerset ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora May Hicks

(Residence in Baltimore: No. 429 Somerset St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 10 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... School girl

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George Hicks,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Hicks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Anna Hicks

(Address)... 429 Somerset St

15- APR 28 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to April 26 1915, that I saw her alive on April 26 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Hemmorrhage

(b) .....

(c) .....

3 days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

2 days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward F. Fisher M. D.

Apr. 27, 1915 (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, April 29, 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 56 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84891

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C84891

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 n Paca ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Watts

(Residence in Baltimore: No. 511 n Paca St.: 70 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Watts

(Address) 511 n Paca.

15. Filed APR 28 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4. 20. 1915, to 4. 21. 1915, that I saw him alive on 4. 21. 1915, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Cobar Pneumonia

(Duration) ....yrs....mos. 1 da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....da.

(Signed) L L Key M. D.

4.27., 191.5 (Address) 679 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, April 29 1915.

20-UNDERTAKER, Robert J. Elliott — ADDRESS 506 Rogers Ave

C84892 HEALTH DEPARTMENT---CITY OF BALTIMORE 94 C84892

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Lemmon ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T Dickman

(Residence in Baltimore: No. 1523 Lemmon St.; 71 yrs. 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: September (Month) 15 (Day) 1843 (Year)

7-AGE: 71 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: White Washer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto City Md

PARENTS

10-NAME OF FATHER: don't Know

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: don't Know

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Celia Wyatt

(Address) 1521 Lemmon St

15- Filed APR 28 1915 191.....

MARCUS ANDREWS, Jr. Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26", 1915, to, April 27, 1915, that I saw h.....alive on April 27, 1915, and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Coma X

(Duration) — yrs — mos. 1 ds.

Contributory (SECONDARY) Pulmonary Congestion

(Duration) — yrs — mos. 1 ds.

(Signed) Wm J. F. Blaser M. D.

April 27" 191 6 [Address] 1108 E. Fairmount

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Retinal Cem.	April 30 191..
20-UNDERTAKER: John H. Toadvine	ADDRESS: 1412 W. Fayette St

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84893

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84893

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Carter

(Residence in Baltimore: No. 1607 McElderry St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Simon Carter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marie Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Vodery

(Address) 1725 Orleans St

15- APR 28 1915 Filed ....., 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1915, to April 26 1915, that I saw him alive on April 26 1915, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

5 Days (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Gastro Intestinal Trouble

5 Days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward S. Graham M. D.

April 27, 191.. (Address) 164 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, April 29th 1915

20-UNDERTAKER Harry A. Vodery

ADDRESS 1725 Orleans St

C84894

HEALTH DEPARTMENT—CITY OF BALTIMORE

156 C84894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 W Lombard ST. 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Sloane

(Residence in Baltimore: No. 939 W Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Jan 1 (Day), 1880 (Year)

7-AGE. 35 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Automobile
(b) General nature of industry, business, or establishment in which employed (or employer): mechanic

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Casper Sloane

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Matilda Reckert

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. C. Thomsett

(Address) 3800 Gatzam Rd.

15- APR 29 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas poisoning (Suicide)

(Illuminating)

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner.)

Apr 28, 1915 (Address) 4 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn — DATE OF BURIAL, April 29, 1915

20-UNDERTAKER Joseph Block — ADDRESS 1003 N. Balto

C84895

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84895

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2134 Walbrook Ave. St.: 15th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert F. Mannel

(Residence in Baltimore: No. 2134 Walbrook Ave. St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH January 24, 1904 (Month) (Day) (Year)

7-AGE 11 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Frederick A. Mannel

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Annie Geisen

13-BIRTHPLACE OF MOTHER (State or country) New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred. A. Mannel

(Address) 2134 Walbrook Ave.

15 APR 29 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1915, to, April 27 1915, that I saw h-im alive on April 27, 1915, and that death occurred, on the date stated above, at 7.38 a m.
The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 21 ds

Contributory (SECONDARY) Valvular Heart Disease Mitral Regurgitation

(Duration) yrs. mos. ds.

(Signed), Wm. Grant M. D.

April 27, 1915 (Address) 1925 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery — DATE OF BURIAL April 30, 1915

20-UNDERTAKER Jonah Syfer — ADDRESS 1600 W North

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84896
1-PLACE OF DEATH

CERTIFICATE OF DEATH

92 C84896
REGISTERED No. C.....

CITY OF BALTIMORE (No. 1630 N Monroe St ST.: 15 WARD)

2-FULL NAME Charles Belt

(Residence in Baltimore: No. 1630 N Monroe St. St.: ..... yrs. ..... mos. ..... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 12, 1894 (Month) (Day) (Year)

7-AGE: 20 yrs. 6 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): in Bank.

9-BIRTHPLACE (State or country): Washington DC ~~Baltimore Md.~~

PARENTS

10-NAME OF FATHER: Charles C Belt

11-BIRTHPLACE OF FATHER (State or country): Beltsville Md.

12-MAIDEN NAME OF MOTHER: Isabell Brooke

13-BIRTHPLACE OF MOTHER (State or country): N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret R Howe

(Address) 606 Irving St Washington DC

15. Filed APR 29 1915, 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. 27, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1915 to Apr. 27 1915, that I saw him alive on Apr. 27, 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Bilateral)

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Roscoe C. Metzel M. D.
Apr. 28, 1915 (Address) 1903 1/2 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Washington D.C. | DATE OF BURIAL: April 29, 1915

20-UNDERTAKER: W M Routson | ADDRESS: 2301 Greene

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84897 HEALTH DEPARTMENT—CITY OF BALTIMORE

182 C84897

CERTIFICATE OF DEATH.

REGISTERED No. C..

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1124 Towson St ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannes Borner

(Residence in Baltimore: No. 1124 Towson St St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
25 yrs. mos. ds.	hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Southern Police Station

(Address) Baltimore Md

15-APR 29 1915 Filed, 191. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistil shot wound in heart
Causing Hemorrhage
Pistol in hands of Ignatz Walick

(Duration) yrs. Sudden ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

April 27, 5 (Address) 517 Scott st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Apr 30, 1915
20-UNDERTAKER	ADDRESS
Mr & Mrs John W. Tuffl	801 W. Fayette St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Fanny D. Fisher

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84898

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

92 C84898

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1033 S. Howard ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fanny Dixon Fisher

(Residence in Baltimore: No. 1033 S. Howard St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 12, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. ... mos. 16 ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Fisher

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Blanche Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Caudle Fisher

(Address) 1033 S. Howard St.

15- APR 29 1915 Filed ..... 191.....

ROBERT . KRAUTH
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to April 27 1915, that I saw h— alive on April 27 1915, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ...yrs. ...mos. 2 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ...yrs. ...mos. 2 7 ds.

(Signed) C. H. Fowler M. D.

April 28, 1915. (Address) 712 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, April 29, 1915

20-UNDERTAKER L. L. Brown & Son

ADDRESS 1514 W. Mad

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84899

CERTIFICATE OF DEATH.

92 C84899

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Brown

(Residence in Baltimore: No. 1108 Russell St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, March 4, 1889. (Month) (Day) (Year)

7-AGE, 26 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Livery Stable
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Washer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Mary Rass

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brown (Father)

(Address) 1108 Russell St.

15- Filed APR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1915, to Apr. 27 1915, that I saw h*im* alive on Apr 27 1915, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Primary Lobar Pneumonia

Immediate Exhaustion

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. P. Strong M. D.

4/28/, 1915. (Address) 528 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 30, 1915

20-UNDERTAKER S. L. Brown & Son ADDRESS 106 N. Monty

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

684900

CERTIFICATE OF DEATH.

91 C84900

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Perrey (John L. Perrey)

(Residence in Baltimore: No. 813 Eastern Ave St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Mail

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, September 10, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Berrey

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosie Albamida

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Perrey

(Address) 813 Eastern ave

15- APR 29 1915 ROBERT, KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 25 1915, to Apl 28 1915, that I saw h— alive on Apl 28 1915, and that death occurred, on the date stated above, at 10 A. m.,

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

X

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Weinstein M. D.

Apl 29, 1915. (Address) 1 S Bromley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, April 29 1915

20-UNDERTAKER Wendell Oppelston

ADDRESS 37 S Amm

Spec.—8-24-14—M. & T.—2000 Bks.

C84901

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C84901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Willinger Court St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Ledden

(Residence in Baltimore: No. 1002 Willinger Court St. 37 yrs. 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, October (Month) 24 (Day), 1877 (Year)

7-AGE, 37 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo. W. Ledden

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mary E. Jarboe

13-BIRTHPLACE OF MOTHER (State or Country), Wash. D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Ledden

(Address) 2877 Pluda Rd

15- APR 29 1915 ROBERT KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to April 26 1915, that I saw h[illegible] alive on April 24, 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonealis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Phthisis

(Duration) yrs. mos. 7 ds.

(Signed) P. E. Duffy M. D.

....., 191... (Address) 101 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bath Cemetery	April 30, 191...
20-UNDERTAKER Wm. Coors	ADDRESS 507 E. Lanvale

C84902 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 C84902

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1807 Wilhelm St 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest L. Riley

(Residence in Baltimore: No. 1807 Wilhelm St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July 29, 1886 (Month) (Day) (Year)

7-AGE 28 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lorenze Riley

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Fannie Hanks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Monk

(Address) 1807 Wilhelm St

15- Filed APR 29 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Saml Newton M. D. (Coroner)

April 28th 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 30 1915

20-UNDERTAKER M. S. Tintz

ADDRESS 1921 W Pratt St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84903

CERTIFICATE OF DEATH.

50 C84903

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 N. Caroline ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Bessie Adler

(Residence in Baltimore: No. 44 N. Caroline St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, April 2, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1414 E Balto St

15- APR 29 1915 ROBERT . KRAUTH,
Filed ..... 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1913, to April 27 1915, that I saw h[er] alive on April 27 1915, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) yrs. mos. 4 ds.

(Signed) B. A. Michelson M. D.

April 29, 1915 (Address) B. A. Michelson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 4/29, 191..5

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C84904

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C84904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Stirling ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Herbert.

(Residence in Baltimore: No. 917 Stirling St.; ....yrs., ...mos. 1/2 Hem ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, Apr. 29, 1915
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph H. Elbert.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Anna Schiefer.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph Herbert

(Address) 917 Stirling St

15- Filed APR 29 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1915, to ..... 191..., that I saw h.r. alive on April 29 1915, and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) Mart. B. Pettit M. D.

April 29 1915. (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Apr. 29, 1915

20-UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager St

C84905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84905

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 721 Waesche ST.: H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Scott

Residence in Baltimore: No. 721 Waesche St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Female	Col	Single

6-DATE OF BIRTH, Apr (Month) 28 (Day), 1915 (Year)

7-AGE, ...yrs....mos. 5 hrs ~~ds.~~ If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baeto

PARENTS.

10-NAME OF FATHER, James Scott

11-BIRTHPLACE OF FATHER (State or Country), Baeto

12-MAIDEN NAME OF MOTHER Sadie Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Baeto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Jackson

(Address) 721 Waesche

15- Filed APR 29 1915, 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth
Seven months foetus
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) J. J. Potter M. D.
(Coroner)

Apr 29, 191.5 (Address) 413 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, At Potters April 29 DATE OF BURIAL, ..., 19.15.

UNDERTAKER Alfred J. Freeland ADDRESS 11 W. Lexington

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84906

CERTIFICATE OF DEATH

28

C84906

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1803 W Baltimore St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Robert Birnie (Birnie)

(Residence in Baltimore; No. 1803 W. Baltimore St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ..... Nov (Month) 13 (Day), 1914 (Year)

7-AGE ..... yrs. 5 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Joseph Birnie

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Florence Rogan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jo Birnie

(Address) 1803 W Balto St.

15 Filed APR 29 1915 19.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13, 1914, to, April 28 1915, that I saw h- alive on April 28 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis infiltrating liver & intestinal cancer

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Insanity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fermanagh Kemp, Jr. M. D.

April 29, 1915 (Address) 533 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	April 29, 1915
20-UNDERTAKER	ADDRESS
Wm Tedmon & Son	Norton

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 167 C84907

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Henry Curtis Hoxter.

(Residence in Baltimore: No. Kent Island, Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ....., 1854 (Month) (Day) (Year)

7-AGE. 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Kent Island, Md.

PARENTS.

10-NAME OF FATHER. Henry C. Hoxter.

11-BIRTHPLACE OF FATHER (State or Country). Queen Anne Co. Md.

12-MAIDEN NAME OF MOTHER. Dorit Brown

13-BIRTHPLACE OF MOTHER (State or Country). Dorit Brown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Edward Hoxter

(Address) Kent Island, Md.

15- APR 29 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident Burns of Body extremities & face
Shock
Due to explosion of gasoline Last 1 hr. ds.
CONTRIBUTORY (Secondary) Taken Inhaling flame
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. H. Lankford, M. D. (Coroner)
April 29, 1915 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Kent Island Queen Anne Co. Md.

DATE OF BURIAL. 4/29, 1915

20-UNDERTAKER Henry U. Means & Son

ADDRESS 505 N. Calvert St.

important. See instructions on back of certificate.

C84908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84908

CERTIFICATE OF DEATH.

x 167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry Clarke.

(Residence in Baltimore: No. Kent Island, Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ..., (Month) (Day) 1867 (Year)

7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Queen Anne Co Md.

PARENTS.

10-NAME OF FATHER, Jacob W. Clarke.

11-BIRTHPLACE OF FATHER (State or Country), Queen Anne Co, Md.

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country). Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Breeding

(Address) Kent Island Md.

15- APR 29 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said (~~inquest, autopsy~~ or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Burns of body - Internal + face. Shock.

Due to explosion (Duration) Instantaneous yrs. mos. 1/4 ds.

CONTRIBUTORY (Secondary) Nasal Hemorrhage from blowing (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. J. Richardson M. D. (Coroner.)

April 29, 191.5. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Kent Island, Queen Anne's Co, Md. DATE OF BURIAL, 4/29, 1915

20-UNDERTAKER Henry W. Mears & Son ADDRESS 505 N. Calvert St.

important. See instructions on back of certificate.

C84909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 79 C84909

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Caswell. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Speck.

(Residence in Baltimore: No. Morristown, Tenn. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1860 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dentist.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Tenn.

PARENTS.

10-NAME OF FATHER, Thomas Speck.

11-BIRTHPLACE OF FATHER (State or Country), Tenn.

12-MAIDEN NAME OF MOTHER Martha Carter.

13-BIRTHPLACE OF MOTHER (State or Country), Tenn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Anders

(Address) 311 Exchange Place

15- Filed APR 29 1915, ROBERT . KRAUTER, [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Drug habits (Morphine and Heroine, cocaine.)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hiel Hohnstein M. D. (Coroner.)

April 29, 1915. (Address) 1 S. W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? X

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Morristown Tenn.	April 29 1915
20-UNDERTAKER	ADDRESS
E. M. Mitchell	1201 W. Fayette

important. See instructions on back of certificate.

C84910

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 C84910

1-PLACE OF DEATH Hebrew Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Rutland Ave & Monument St.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr John Eckerd (Eckerd)

(Residence in Baltimore: No. Joppa Maryland St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE: 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: farming
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Cross Rd West Va

PARENTS

10-NAME OF FATHER: Samuel Eckert

11-BIRTHPLACE OF FATHER (State or country): West Va

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): West Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C H. Anderson

(Address) Joppa Harford Co

15- Filed APR 29 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/14, 1915, to, 4/28 1915, that I saw h.. alive on 4/28 1915, and that death occurred, on the date stated above, at 8:25 P m.

The CAUSE OF DEATH* was as follows:

tubercular peritonitis

..... (Duration) ..... yrs. 2 mos. 7 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), M. B. Levin M. D.

4/28, 191 5. [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 14 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Joppa Maryland ?

Former or usual residence Joppa Maryland

19-PLACE OF BURIAL OR REMOVAL: Joppa Harford Co — DATE OF BURIAL: April 29, 191 5

20-UNDERTAKER: Robt J Turner — ADDRESS: XXX N Bdway

TION is very important. See instructions on back of certificate.

C84911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84911

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1561 Leslie street, ST.: 15 WARD) 191

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Randall,

(Residence in Baltimore: No. 1561 Leslie street, St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE. Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed,

6-DATE OF BIRTH, May (Month) 3d (Day), 1865 (Year)

7-AGE, 49 yrs. 11 mos. 25 dys.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Mitchell, sister.

(Address) 1561 Leslie street.

15- Filed APR 29 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H. Fordinck Heuisler M. D. (Coroner.)

April 29 191 5 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W M Cochran — DATE OF BURIAL, April 29, 1915

20-UNDERTAKER Isaac H Chase & Son — ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

C84912 HEALTH DEPARTMENT—CITY OF BALTIMORE C84912

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Calvert St ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Frederick Bissell M. D.

(Residence in Baltimore: No. 1014 N. Calvert St St.; 0 yrs. 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 14 (Day), 1876 (Year)

7-AGE, 88 yrs. 10 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Retired Physician & Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER. Edw. Bissell

11-BIRTHPLACE OF FATHER (State or Country). Conn.

12-MAIDEN NAME OF MOTHER Jane L. Reed

13-BIRTHPLACE OF MOTHER (State or Country). Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence S. Bissell

(Address) 169 E. 56 St. N.Y. City

15- Filed APR 29 1915, 191.... HARRY O. ANDREWS, Burial Permit O.K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1915, to Apr. 28th 1915, that I saw h.. alive on apr 28th 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Oedema Pulmonum

about (Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward C. Pace M. D.

Apr. 29, 1915 (Address) 1012 Madison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Rye Westchester Co. N.Y.

DATE OF BURIAL, Apr. 30, 1915

20-UNDERTAKER Stewart Mowen Co

ADDRESS 108 W. Madison

Spec.—8-24-14—M. & T.—2000 Bks.

C84913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H# C84913

REGISTERED NO. C.....

1-PLACE OF DEATH Latrobe Apartments

CITY OF BALTIMORE: (No. Charles & Read St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dorsh Anderson Jr.

(Residence in Baltimore: No. "Latrobe" Chas. & Read St.; 1 yrs., 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. November 12, 1864 (Month) (Day) (Year)

7-AGE. 50 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. banker
(b) General nature of industry, business, or establishment in which employed (or employer). Vice Pres. Security Trust Co.

9-BIRTHPLACE, (State or Country). Greenwood S. C.

PARENTS.

10-NAME OF FATHER. James Dorsh Anderson

11-BIRTHPLACE OF FATHER (State or Country). S. Carolina

12-MAIDEN NAME OF MOTHER. Sarah Dudley

13-BIRTHPLACE OF MOTHER (State or Country). S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. B. Anderson

(Address) The Latrobe Apartments

15- APR 29 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1914, to April 28 1915, that I saw h im alive on April 27 1915, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Operation

Tuberculosis (Duration) 1 yrs. 3 mos. ds.

No Autopsy

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frank Crouse M. D.

April 29, 1915 (Address) 573 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Druid Ridge Cemetery — DATE OF BURIAL. April 30, 1915.

20-UNDERTAKER Henry H. Jenkins Sons Co. — ADDRESS Oak & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Blks.

C84914

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84914

CERTIFICATE OF DEATH.

X108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - 4 ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and out No. 18.)

2-FULL NAME Clifton W Franke

(Residence in Baltimore: No. 5 Hemsville Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1908 (Year)

7-AGE, 6 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Clifton W Franke

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Scriven

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P Franke

(Address) 519 W. 28th St

15- Filed APR 29 1915, 191.... HARRY O. ANDREWS Registrar. Burial Permit Oli...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-25- 1915, to 4-27 1915, that I saw him alive on April 27 1915, and that death occurred, on the date stated above, at 8:15 p m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis

with peritonitis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Schumacher M.D. M. D.

4-27-, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence Marietta ville Md.

19-PLACE OF BURIAL OR REMOVAL, Sykesville Md — DATE OF BURIAL, April 30 1915

20-UNDERTAKER E. Schloman & Son — ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Blks.

C84915 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36 C84915

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Robinson

(Residence in Baltimore: No. 133 Division St. St.; — yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH: Jan. (Month) 9 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Evelyn Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Curry

(Address) J. H. Hosp.

15- APR 29 1915 BUREAU OF VITAL STATISTICS, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1915, to Apr. 28 1915, that I saw him alive on Apr. 28 1915, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Rickets

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 4 mos. ds.

(Signed) Alma S. Rotch M. D.

Apr. 29 1915. (Address) J. H. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 1 yrs. 3 mos. 9 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 133 Division St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	April 30 1915.
20-UNDERTAKER Felix B. Pope.	ADDRESS 102 E Mulberry St.

Spec.—5-19-15—M. & T.—500 Bks.

C84916 HEALTH DEPARTMENT—CITY OF BALTIMORE

79 C84916

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 E. North Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Collett

(Residence in Baltimore: No. 412 E. North Ave St.; 78 yrs., 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 18, 1836
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
78 yrs. 4 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Produce Dealer

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Collett

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ann Gillan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret G. Collett

(Address) 412 E. North Ave

15- Filed APR 29 1915 191... HARRY O. ARLBERT, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about April 1912, to April 27 1915, that I saw him alive on April 11 1915, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis, Valvular
Lesion. Cardiac Hypertrophy

Unknown. (Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Died Suddenly.
(Duration)...yrs...mos...ds.

(Signed) Milton P. Hill M. D.

April 28, 1915. (Address) Wyle Ave & Park Hts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	4/30/, 1915.
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	2451 N. Calvert St.

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84917

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84917

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1600 Latrobe St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Matilda Dericott

(Residence in Baltimore: No. 1600 Latrobe St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female | 4-COLOR OR RACE, colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 51 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hanover Co Va

PARENTS.

10-NAME OF FATHER, Pendleton Dericott

11-BIRTHPLACE OF FATHER (State or Country), Hanover Co Va

12-MAIDEN NAME OF MOTHER Matilda Dericott

13-BIRTHPLACE OF MOTHER (State or Country), Hanover Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ethel Holmes

(Address) 1600 Latrobe St

15-

APR 29 1915 HARRY O. ROGERS,

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to April 27 1915, that I saw h[illegible] alive on April 27 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Interstitial Nephritis

(Duration)..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration)..... yrs. ..... mos. 2 ds.

(Signed) [illegible] M. D.

April 28, 1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1600 Latrobe St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, April 30 1915.

20-UNDERTAKER Felix B. Pyle | ADDRESS 102 E. Mulberry St

Important. See instructions on back of certificate.

C84918 HEALTH DEPARTMENT—CITY OF BALTIMORE

160 C84918

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1109 N. Fulton avenue, ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Shirley Hoff,

(Residence in Baltimore: No. 1109 N. Fulton avenue, St.) 16 yrs., 7 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, April (Month) 28th (Day), 1888, (Year)

7-AGE, 26 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, J. W. Shirley Hoff,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Teresa Scharf,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Snowden Hoff, brother.

(Address) 1109 N. Fulton avenue.

15- APR 29 1915

Filed ....., 191.... NAME OF ACTING Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cutting throat with razor, (suicide)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Frederick Kemper M. D.
(Coroner.)

April 28, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 2, 1915

20-UNDERTAKER W. J. Dechner & Son — ADDRESS Penna Ave

Keep this property number. Enter number of certificate in any correspondence relating thereto. Study instructions on back of certificate carefully. Answer all questions in plain terms. Make no abbreviations. Be particular to give full names. Every item is important. See instructions on back of certificate.

K • S • A • FE • TY

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84919

CERTIFICATE OF DEATH.

151 C84919

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Schuster

(Residence in Baltimore: No. 932 N Bond St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 4 (Day), 1914 (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Schuster

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Allen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Cushwa

(Address) J. H. Hosp

15- FILED APR 30 1915 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 27 1915, to Apr 29 1915, that I saw h[illegible] alive on Apr 29 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alma S. Rothrock M. D.

Apr. 29, 1915. (Address) J. H. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 8 mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 932 N. Bond St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Apr 30, 1915

20-UNDERTAKER Henry Hoerth Son — ADDRESS 1301 E Eager

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84920

CERTIFICATE OF DEATH.

92 C84920

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edwards

(Residence in Baltimore: No. 705 St Paul St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	Single

6-DATE OF BIRTH, ..., 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New Bern N C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos J Leuthauser

(Address) 705 St Paul St

15- Filed APR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1915, to April 27 1915, that I saw h[illegible] alive on April 27 1915, and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Cardiac Dilitation

(Duration) yrs. 6 mos. ds.

(Signed) John S Finney M. D.

4/27, 1915 (Address) Md. General Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 705 St Paul st

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4/30, 1915

20-UNDERTAKER James S Finney — ADDRESS 678 W Baltimore

Information to be furnished on back of certificate.

084921

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 084921

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3308 Chestnut Ave. ST.: 43 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C Hare

(Residence in Baltimore: No. 3308 Chestnut ave St.; ..... yrs. ..... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 12 (Month) 1 (Day), 1913 (Year)

7-AGE: 1 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Cleve Hare

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elisabeth Strehlen

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cleve Hare

(Address) Fullerton Md

15. Filed APR 30 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1915, to, Apr 29 1915, that I saw him alive on Apr 29, 1915, and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Cleve Hare M. D.

Apr 30, 191 (Address) 3633 Parkhurst

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL: St Michael Cemetery — DATE OF BURIAL: May 2 1915

20-UNDERTAKER: Frederick Rossahn Sons — ADDRESS: Fullerton Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(84922 — 104 — (84922

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Brunt ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Melva Knapp

(Residence in Baltimore: No. 1816 Brunt St.: 0 yrs., 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, November 21, 1914 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Leo Knapp

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Annie Schuler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Leo Knapp

(Address) 1816 Brunt St.

15- Filed APR 30 1915 ROBERT . KRAUTER, Bur. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1915, to April 29 1915, that I saw her alive on April 29 1915, and that death occurred, on the date stated above, at 11 5/4 m.

The CAUSE OF DEATH* was as follows:

2
Convulsions

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Entero - Colitis

(Duration) ....yrs. ....mos. 9 ds.

(Signed) Paul Brown M. D.

Apr. 29, 1915. (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 30, 1915

20-UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

(84923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 108 (84923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Hobach

(Residence in Baltimore: No. Ewdenton Md. St.; ....yrs.,....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH ..... July (Month) 14th (Day), 1869 (Year)

7-AGE.	If LESS than 1 day,
45 yrs. 9 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: RR Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, George Hobach

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Katherin Bomheiser

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Hobach

(Address) 2 Philadelphia Pa

15- APR 30 1915 Filed....., 191.... ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 29 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 26 1915, to April 29 1915, that I saw h— alive on April 29 1915, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of Stomach and intestines

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

Mesenteric Thrombosis (Duration) — yrs. — mos. 3 ds.

(Signed) K L Johnson M. D.

April 29, 1915. (Address) University Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Ewdenton Md

Former or usual residence Ewdenton Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md	May 2, 1915
20-UNDERTAKER Joseph L Cook	ADDRESS 1013 N Balto St.

Important. See instructions on back of certificate.

Spec.—8-25-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84924

CERTIFICATE OF DEATH.

9V C84924

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2612 Fairmount av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie C. Wingate

(Residence in Baltimore: No. 2612 Fairmount av St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 28, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Dorchester Co Md

PARENTS.

10-NAME OF FATHER, William Wingate

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roy Wingate

(Address) 2612 E Fairmount

15- Filed APR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to April 29 1915, that I saw h[illegible] alive on April 29 1915, and that death occurred, on the date stated above, at 6.50 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

April 29, 1915. (Address) 120½ Asquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 2nd, 1915.

20-UNDERTAKER Robert J Turner — ADDRESS 1442 N Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84925 C84925

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 S Charles St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Mary Olevia Reynolds

(Residence in Baltimore: No. 1832 S Charles St. St.; ....yrs., ...mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Aug 3 (Month) (Day), 185- (Year)

7-AGE, 49 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Reynolds

(Address) 1832 S. Charles St

15- Filed APR 30 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1914, to April 28 1915, that I saw her alive on April 28 1915, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 8 mos. ....da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 2 da.

(Signed) Jas A Bonsell M. D.

April 29 1915. (Address) 107 E 22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 30, 1915

20-UNDERTAKER Tabb Kimmey — ADDRESS 1422 N Broadway

Important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84926 — CERTIFICATE OF DEATH. — 20 C84926

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 E. Oliver ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Pletcher

(Residence in Baltimore: No. 2411 E Oliver St.: 48 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 17 (Day) 1866 (Year)

7-AGE: 48 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Chas. Newkirk

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Rebecca Barker

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John C. Pletcher

(Address): 2411 E. Oliver St

15- APR 30 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1915, to Apr 28 1915, that I saw h[illegible] alive on Apr 28 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pertonitis from Ut. & Ovaries (Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Meningitis (Duration) ....yrs. ....mos. 7 ds.

(Signed) E. L. Hoffmeister M. D.

Apr 29, 1915. (Address) 1301 N Pat Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Baltimore Cem. DATE OF BURIAL, Apr 29, 1915

20-UNDERTAKER: Robt. F. Turner ADDRESS 1142 N. Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C84927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 84927

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Hahnemann Gen Hospital 16 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry B. Franck (Franck)

(Residence in Baltimore. No. 1112 N Gilmor St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 13, 1866 (Month) (Day) (Year)

7-AGE 48 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engd
(b) General nature of industry, business, or establishment in which employed (or employer)..... Maded

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER. Geo. Franck

11-BIRTHPLACE OF FATHER (State or Country). Germ

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C Franck

(Address) 1112 N Gilmor St

15- Filed APR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to April 29 1915, that I saw him alive on April 24 1915, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia and

Acute Pleuritis

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Hiccough and Vomiting

(Malignant) (Duration) ....yrs. ....mos. 5 ds.

(Signed) Chas E. Clark M. D.

April 29 1915. (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State Life — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1112 N. Gilmor St

Former or usual residence 1112 N. Gilmor St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 1, 1915.
20-UNDERTAKER	ADDRESS
W. J. Mendenhall	North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84928

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No.) Madison & Linden Ave St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert R. Knauff

(Residence in Baltimore: No. 513 N. Arlington Ave St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, August 1, 1889
(Month) (Day) (Year)

7-AGE, 25 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Charles A. Knauff

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Agnes M. Nicol

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas A. Knauff

(Address) 513 N Arlington Ave

15. APR 30 1915 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1915, to Apr 28 1915, that I saw him alive on April 28 1915, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Earle Hull M. D.

Apr 28, 1915 (Address) Cor. Mad & Linden Ave md. Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Apr 30, 1915

20-UNDERTAKER H. J. Pickerson Son ADDRESS North Ave

Important. See instructions on back of certificate.

C84929 HEALTH DEPARTMENT—CITY OF BALTIMORE C84929

CERTIFICATE OF DEATH.

REGISTERED No. C 79 8

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1308 W. Mulberry St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Higdon

(Residence in Baltimore: No. 1308 W. Mulberry.

18 St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 4th (Day); 1842 (Year)

7-AGE. 72 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Benjamin Higdon

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary Guss.

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence P. Higdon

(Address) 1308 W. Mulberry St.

15- Filed APR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisitory (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisitory (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas. Higgins (Coroner) M. D.

April 29th 1915. (Address) 2302 Midwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
National Cemetery	April 30 1915
20-UNDERTAKER	ADDRESS
Chas. G. Black	1201 W. Mulberry St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84930

1 PLACE OF DEATH

120 C84930

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 620 N. Glover ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Thompson

(Residence in Baltimore: No. 620 N. Glover St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR FACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 53 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Oliver Lanford

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Hester Jackson

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Thompson

(Address) 620 N. Glover St

15 Filed APR 30 1915 191 NORRIS, KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to April 28 1915, that I saw h-r alive on April 28, 1915, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Chronic Interstial Nephritis

(Duration) ... yrs. 3 mos. 13 ds.

(Signed) Louis Vogel M. D.

April 29, 1915 (Address) 2601 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apr 30, 1915

20-UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson St

Spec.—5-19-13—M. & T.—500 Bks.

C84931

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C84931

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3431 Ash ST.; 13th WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Gertrude Wiles

(Residence in Baltimore: No. 3431 Ash St.; ....yrs., 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, June (Month) 24 (Day) 1914 (Year)

7-AGE, ...yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER. William Wiles

11-BIRTHPLACE OF FATHER (State or Country). Howard Co

12-MAIDEN NAME OF MOTHER Della King

13-BIRTHPLACE OF MOTHER (State or Country). N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wiles

(Address) 3431 Ash St

15- FILED APR 30 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 28 1915, that I saw her alive on April 28 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Entero-colitis (Fatal)
congestion of lungs

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

(Duration) ....yrs. 10 mos. 4 ds.

(Signed) (M.D.) Coughlin M. D.

4-28, 1915. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Apl 30 1915

20-UNDERTAKER Chenowith & Son — ADDRESS Chestnut Ave

C84932

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1C84932

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1804 Edmondson Ave. 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt James Henry Wheeler

(Residence in Baltimore: No. 1804 Edmondson Ave St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: — (Month) — (Day) 1857 (Year)

7-AGE: 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Boat Captain.

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: John Wm Wheeler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lela A Paul

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H Wheeler

(Address) 1804 Edmondson Ave

15- Filed APR 30 1915 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14th, 1915, to, April 29th 1915, that I saw h.. alive on April 29th 1915, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. 16 ds.

Contributory (SECONDARY) Acute Dreary

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A Hartman M. D.

April 30th 191 5 [Address] 5307 Fullerton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 2 191 5

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Adam Brown

084933

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 084933

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1809 Kavanaugh ST.: 15 WARD)

2-FULL NAME Adam Brown

(Residence in Baltimore: No. 1809 Kavanaugh St.: ... yrs. ... mos. ... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH May 12, 1849 (Month) (Day) (Year)

7-AGE 65 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Not Known

11-BIRTHPLACE OF FATHER (State or country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Kent (Daughter)

(Address) 1809 Kavanaugh St.

15- Filed APR 30 1915, 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to April 28 1915, that I saw h[im] alive on Apr 28, 1915, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 28 ds

Contributory (SECONDARY) Paralysis

(Duration) ... yrs. ... mos. 1 ds.

(Signed), T. E Dunphy M. D.

Apr 28, 1915 (Address) 1652 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Portsmouth Va	April 30, 1915
20-UNDERTAKER Frank Dennis	ADDRESS 1305 Preston

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84934

CERTIFICATE OF DEATH.

79C84934

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 312 N. Mount ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrabel Catharine Christian

(Residence in Baltimore: No. 312 N. Mount St.; 6 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, June (Month) 23 (Day), 1897 (Year)

7-AGE, 17 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jacob C. Christian

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Florence Parker

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Chester Piland M.D.

(Address)...2532 Edmondson Ave.....

15- APR 30 1915 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1915, to April 29 1915, that I saw h[er] alive on April 28 1915, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

.....Organic heart disease.....

.....

.....

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Aortic aneurysm

..... (Duration)....yrs. 4 mos.....ds.

(Signed).....Chester Piland.....M. D.

April 29., 1915. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lelbrook City Md. | DATE OF BURIAL, May 2., 1915.

20-UNDERTAKER James H. Dunne | ADDRESS 1303 Presstman

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84935

CERTIFICATE OF DEATH

28 C84935

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 227 S. Durham ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Blake

(Residence in Baltimore: No. 227 S. Durham st St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH August 13 (Month), 1906 (Day) (Year)

7-AGE 8 years ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Samuel Blake

11-BIRTHPLACE OF FATHER (State or country): Baltimore County

12-MAIDEN NAME OF MOTHER: Victoria Carpenter

13-BIRTHPLACE OF MOTHER (State or country): Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victoria Blake

(Address) 227 S Durham st

15- APR 30 1915

ROBERT . KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 28 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2, 1915, to, April 23 1915, that I saw h.m alive on April 23 1915, and that death occurred, on the date stated above, at 9.10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs.

..... (Duration) ..... yrs ..... mos ..... ds. unknown

Contributory (SECONDARY) heavy Cold

25 days (Duration) ..... yrs ..... mos ..... ds.

(Signed), John H. Declaret M. D.

April 28 1915 [Address] 817 S. Broadway.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: May 1 1915

20-UNDERTAKER: John W Henderson — ADDRESS: 314 Caroline

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84936

1-PLACE OF DEATH

92 C84936

REGISTERED NO. C

CITY OF BALTIMORE (No. 2034 Park Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R C Wood

(Residence in Baltimore: No. 2034 Park Ave St.: 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: April 15, 1875 (Month) (Day) (Year)

7-AGE: 40 yrs. — mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Wash D C.

PARENTS

10-NAME OF FATHER: Wm C Wood

11-BIRTHPLACE OF FATHER (State or country): B. I.

12-MAIDEN NAME OF MOTHER: Ida M. Clark

13-BIRTHPLACE OF MOTHER (State or country): Wash D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm C Wood

(Address) 2034 Park ave

15- ROBERT . KRAUTER, Burial Permit Clerk.

APR 30 1915 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4, 1915, to April 29 1915, that I saw h- alive on April 29, 1915, and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

Bronchococcus infection in the trachea

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Tuberculosis (Duration) yrs. mos. 10 ds.

(Signed) J E Blackhurst M. D.

Apr 30, 1915. (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
In place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Hill Washington D C. | DATE OF BURIAL: May 1 1915

20-UNDERTAKER: E. Madison Mitchell & Bro | ADDRESS: 1201 N. Fayette St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84937

CERTIFICATE OF DEATH

103 C84937

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1015½ Druid Hill ave. St.) (W. 11th Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel A. Carter

(Residence in Baltimore: No. 1015 Druid Hill ave. St.) 69 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 69 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Richard Matthews

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rebecca Matthews

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Carter

(Address) 1015 D Hill ave

APR 30 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 27th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1915, to April 20th 1915, that I saw her alive on April 20th, 1915, and that death occurred, on the date stated above, at 10-10 m.

The CAUSE OF DEATH* was as follows:

Gastritis + Heart Dilatation

X (Valvular disease of heart for some years)

(Duration) ... yrs. 4 mos. 10 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. M. Hall M. D.

April 29th, 1915 (Address) 416 Mosher st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: M. J. Cuburn — DATE OF BURIAL: 4/30/1915

20-UNDERTAKER: Sam'l L. Hemsley — ADDRESS: 578 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84938 C84938

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 N. Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura L. Graham

(Residence in Baltimore: No. 1242 N. Washington St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 13 (Day), 1853 (Year)

7-AGE, 59 yrs. 10 mos. 16 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. W. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Julia M. Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Megus

(Address) 1242 N. Wash St

15- APR 30 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29th (Day) 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 14th 1915, to April 29th 1915, that I saw h[illegible] alive on April 29th 1915, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonic Nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

(Signed) Albert Bryan M.D.

4-29, 191.5 (Address) 1503 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet | DATE OF BURIAL, May, 191...

20-UNDERTAKER Wm Cook | ADDRESS 504 E. N. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C84939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 92 C84939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 N. Gilmore ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie O' Koehler

(Residence in Baltimore: No. 1642 N. Gilmore St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September 27, 1861 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. John Joynes

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. S. Ober

(Address) 1642 N. Gilmore

15- APR 30 1915 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25, 1915, to April 28, 1915, that I saw her alive on April 28, 1915, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ....yrs. —mos. ½ ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby, M. D.

Apr. 29, 1915. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oakland — DATE OF BURIAL, 5/1....., 1915.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

ROBERT . KRAUTER.

Spec.—8-24-14—M. & T.—2000 Bks.

Leonard Hamman

HEALTH DEPARTMENT—CITY OF BALTIMORE 52

C84910

CERTIFICATE OF DEATH.

C84910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 E. Fayette St. ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Hamman

(Residence in Baltimore: No. 726 E. Fayette Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Hamman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Beyer

13-BIRTHPLACE OF MOTHER (State or Country), Berlin Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- ROBERT . KRAUTER
FILED APR 30 1915 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191.....,
that I saw h.....alive on .....191.....,
and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:

.....
.....
(Walnut Fasciitis Dr(s)) X
..... (Duration)....yrs....mos....5....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration)....yrs....mos....ds.

(Signed).....M. D.
....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 30, 1915
20-UNDERTAKER	ADDRESS
Henry Hood Son	1320 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84941

CERTIFICATE OF DEATH.

28 C84941

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Hare St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence M. Link

(Residence in Baltimore: No. 28 N. Hare St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. June (Month) 6 (Day), 1872 (Year)

7-AGE. 42 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, James Cochran

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Hazard.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Link

(Address) 28 N. Hare St.

15- APR 30 1915 Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Spring of 1913, to 4-27- 1915, that I saw her alive on 4-27- 1915, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

More than (Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Allen C. Beecham M. D.

4-29, 1915. (Address) 3139 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	May 1, 1915.
20-UNDERTAKER Tilly & Zeller	ADDRESS 403 S. Wolfe St.

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(84342) +42 (84342)

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Sharp

(Residence in Baltimore: No. Marlintown W. Va St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan (Month) 19 (Day), 1866 (Year)

7-AGE: 49 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): W. Va.

PARENTS

10-NAME OF FATHER: Peter Bennidge

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Susan White

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A B Sharp

(Address) J H Hosp

15- APR 30 1915. ROBERT . KRAUTER, Filed ....., 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20, 1915 to Apr 30 1915, that I saw h-- alive on Apr 30 1915, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of cervix

Heart failure (on operating Table -)

(cancer) - (Duration) 2m yrs - mos. ds.

Contributory (SECONDARY) Anaemia & weakness due to Reeling from cancer

(Duration) 2m yrs. mos. ds.

(Signed) - H. Wheeland M. D.

Apr 30th 1915. [Address] J. H. H. City

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Marlintown W. Va.

19-PLACE OF BURIAL OR REMOVAL: Marlintown W Va

DATE OF BURIAL: Apr 30 1915

UNDERTAKER: Albert E Fuller

ADDRESS: 221 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84943

CERTIFICATE OF DEATH.

92 84943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Ruskin Ave 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Wright Watts

(Residence in Baltimore: No. 2005 Ruskin Ave St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Oct 28, 1836 (Month) (Day) (Year)

7-AGE: 78 yrs. 6 mos. 1 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: John Prentiss

11-BIRTHPLACE OF FATHER (State or Country): Mass

12-MAIDEN NAME OF MOTHER: Nancy Gray

13-BIRTHPLACE OF MOTHER (State or Country): Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth B. Chaney

(Address) 2005 Ruskin Ave.

15- Filed APR 30 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Apr. 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26th 1915, to April 29th 1915, that I saw her alive on April 29th 1915, and that death occurred, on the date stated above, at 11 55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) Arteio Sclerosis

(Duration) 10 yrs. ..... mos. ..... da.

(Signed) E. G. Glover M. D.

April 29th, 1915. (Address) 1224 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL, May 1, 1915

20-UNDERTAKER: Albert L Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact minimum of consumption, etc., is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84544 HEALTH DEPARTMENT—CITY OF BALTIMORE C84544

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 526 N. Spring St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa West

(Residence in Baltimore: No. 526 N. Spring St St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 67 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Badger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May E. Alexander

(Address) 52 W. 139 St. New York

15- Filed MAY 1 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 29 1915, that I saw h~ alive on April 29 1915, and that death occurred, on the date stated above, at 8:20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Asteria Sclerosis?

(Duration) ?...yrs. ...mos. ...ds.

(Signed) Jas. C. K. Linton M. D.

4/29/15, 1915. (Address) 611 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 2., 1915.
20-UNDERTAKER Chas G Bailey	ADDRESS Hoffman St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C84945

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84945

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Turner.

(Residence in Baltimore: No. 19 Duncan al. St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 18, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jesse Turner.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Emily Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- MAY 1 - 1915 HARRY O. ARLEDGE,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1915, to Apr 29 1915, that I saw h... alive on Apr. 29 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insuff

.....

.....

..... (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Card. dil. 12 hrs.

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Frank O. Evans M. D.

Apr 30, 1915 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 99 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 19 Duncan Alley

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem

DATE OF BURIAL, May 2nd, 1915

20-UNDERTAKER Harry A. Codrey

ADDRESS 1825 E. Lan...

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

(84315) HEALTH DEPARTMENT—CITY OF BALTIMORE (84315)

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 118 N Castle ST.; 6 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Dvorak (Dvorak)
Residence in Baltimore: No. 118 N castle St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Marid

6-DATE OF BIRTH, November (Month) (Day) 1 (Year)

7-AGE, 43 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laylor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Dvorak

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Hynek

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Dvorak

(Address) 118 N Castle St

15- MAY 1 - 1915 HARRY C. ANL[illegible], Filed ..... Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1915, to April 29 1915, that I saw him alive on April 29 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Dropsy of Heart
Brights Disease

(Duration) yrs. 1 mos. 2C ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. 1 mos. 2C ds.

(Signed) Dr. W. Kennard M. D.

April 29 1915 (Address) 708 Essex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 1 1915

20-UNDERTAKER, Frank Crochi Son — ADDRESS, 1004 N. Eden

Spec.—5-19-13—M. & T.—600 Bks.

C84947

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84947

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1926 Edmondson Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. DeCoursey

(Residence in Baltimore: No. 1926 Edmondson Ave St.; 56 yrs., 6 mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, October 24th, 1858
(Month) (Day) (Year)

7-AGE, 56 yrs. 6 mos. 4 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John C. Ryan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Sylvester M.D.

(Address) 701 N. Carrollton Ave

15-

Filed MAY 1 1915 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20th 1915, to April 28th 1915, that I saw her alive on April 28th 1915, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Acute Uraemia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY, (Secondary) Chronic Interstitial Nephritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Howard Sylvester M. D.

April 29th 1915 (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, May 1st, 1915.

20-UNDERTAKER Wm. Brothers | ADDRESS 2 N Fulton

Property claimant. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84948 — 90 C84948

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Foster

(Residence in Baltimore: No. 2041 N. Charles St, St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, 68 ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst. Mercy Hosp

(Address) Calvert St.

15- Filed MAY 1 - 1915, 191... HENRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1915, to Apr. 30 1915, that I saw h[illegible] alive on Apr. 30 1915 and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) ... yrs. ... mos. Do not know ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Edward P. Smith M. D.

Apr. 30, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State Do not know yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2041 N. Charles St

Former or usual residence 2041 N. Charles St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel County	May 1st, 1915.

20-UNDERTAKER John A. Bickley — ADDRESS 1105 Park Ave

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84949

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84949

CERTIFICATE OF DEATH.

x115

1-PLACE OF DEATH University Hospital

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H^e Kandy (Wm^e Landy)

(Residence in Baltimore: No. 525 S. Schuster St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 18..?
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Dairy .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H^e Kandy

11-BIRTHPLACE OF FATHER (State or Country), Portland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hospital Records

(Address) Lombard & Green Sts

15-

Registrar. MAY 1 - 1915 191.. HENRY O ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-27-1915, to 4-29-1915, that I saw h^m alive on 4-29-1915, and that death occurred, on the date stated above, at 9.00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Duration) ... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Abscess of Liver (Duration) ... yrs. ? mos. 7 ds.

(Signed) [illegible] M. D.

7-30-1915. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 525 S. Schuster.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	May 1, 1915

20-UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Baltimore St

CAUSE OF DEATH must be stated in plain terms, so that it may be understood by any one. Name of disease alone is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

(84059) 92 (84050)

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 W. Balto ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A. Hatton

(Residence in Baltimore: No. 1534 W. Balto St.; 83 yrs., 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May 16, 1831
(Month) (Day) (Year)

7-AGE, 83 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Solomon Whiteley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maryan A. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida M. Hatton

(Address) 1534 W. Baltost

15-

File MAY 1 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1915, to April 29 1915, that I saw h[illegible] alive on April 29 1915, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Lobar)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. O'Neill M. D.

April 30, 1915. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 1, 1915
20-UNDERTAKER	**ADDRESS**
Geo. L. Schwab & Bro.	201 Park Ave

CAUSE OF DEATH must be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

084951

CERTIFICATE OF DEATH.

65. 084951

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1212 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. C. F. Schroeder

(Residence in Baltimore: No. 1212 Harlem ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 14th, 1844
(Month) (Day) (Year)

7-AGE 71 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Louis F. Schroeder

(Address). 1212 Harlem Ave.

15- MAY 1 - 1915 ROBERT . KRAUTHS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 1915, to April 30 1915, that I saw h[illegible] alive on April 29 1915, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Softening of the brain

..... (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) yrs. 4 mos. ds.

(Signed) C. R. Davis M. D.

....., 191... (Address) 927 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, May 7th, 191.5

20-UNDERTAKER G. F. Walker — ADDRESS 723 Whelan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84952

CERTIFICATE OF DEATH.

28 C84952

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Ensor ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Mc Cormick

(Residence in Baltimore: No. 1711 Ensor St St.; ....yrs., 8 mos. ds)

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown ....., ... (Month) ..... (Day) 1888 (Year)

7-AGE, 27 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno. F. Skelton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Hanlon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. McCormick

(Address) 1711 Ensor St.

15- Filed MAY 1 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 (Month) (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 25 1914, to April 30 1915, that I saw her alive on April 27 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 18 mos. ....ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ....yrs. 5 mos. ....ds.

(Signed) Reginald J. Tonry M. D.

April 30 1915. (Address) 414 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baldwin Sta. Md — DATE OF BURIAL, May 3., 1915

20-UNDERTAKER G. F. Walker — ADDRESS 723 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84953

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

42 C84953

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1600 Etting ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Powell (Powel)

(Residence in Baltimore: No. 160 Etting St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1865 (Year)

7-AGE: 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Genl housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Culpepper Co Va

PARENTS.

10-NAME OF FATHER: John Stakes

11-BIRTHPLACE OF FATHER (State or Country): Culpepper Co Va

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Culpepper Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R H Tuckerlock M.D.

(Address) 127 N. Carrollton Ave

15- MAY 1 - 1915 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20th 1915, to April 28 1915, that I saw h[er] ...alive on April 28th 1915, and that death occurred, on the date stated above, at 3:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ...yrs. ...mos. 9 ...ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) R H Tuckerlock M. D.

4/29, 1915. (Address) 127 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn, Cemetary

DATE OF BURIAL, May 1, 1915

20-UNDERTAKER Walter Owens

ADDRESS 318 Myrtle Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK • SAFETY FILM

Spec.—8-24-14—M. & T.—2000 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84954

CERTIFICATE OF DEATH.

92

C84954 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Mosher ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Robinson

(Residence in Baltimore: No. 556 - Mosher St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1st (Day), 1869 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Easton Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Jones

(Address) 556 Mosher

15- Filed MAY 1 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 9th 1915, to April 29 1915, that I saw h[illegible] alive on April 28 — 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (a)

Pleurisy (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Relapse

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Samuel A. Bain M. D.

May 1, 1915 (Address) 937 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ont Auburn — DATE OF BURIAL, May 1, 1915.

20-UNDERTAKER J. F. Hemsley — ADDRESS 575 Biddle St

C84955

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84955

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 615½ S Sharp Street ST.: 27 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Dunker (Lottie Sanks)

(Residence in Baltimore: No. 615½ S Sharp St. St.:..... yrs..... mos..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 14, 1870 (Month) (Day) (Year)

7-AGE: 44 yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Accomac Co. Va.

PARENTS

10-NAME OF FATHER: Thomas F Loyd.

11-BIRTHPLACE OF FATHER (State or country): Accomac Co. Va.

12-MAIDEN NAME OF MOTHER: Mary Chandler

13-BIRTHPLACE OF MOTHER (State or country): Accomac Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Sanks (husband)

(Address) 615½ S. Sharp St.

15 Filed MAY 1 - 1915, 191..... ROBERT F. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 28, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1915, to April 28 1915, that I saw her alive on April 28, 1915, and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows (Pneumonia Lobar)

..... (Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Heart Trouble

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. B. Flinn M. D.

April 29, 191.. (Address) 715 S Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 1, 1915

20-UNDERTAKER: John H Soaden — ADDRESS: 1432 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

084956 — 1-PLACE OF DEATH

151 084956 — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1606 Aliceanna ST.; V WARD)

2-FULL NAME Wife of John A. Frances Johnson.

(Residence in Baltimore: No. 1606 Aliceanna St. St.; ...yrs...mos...da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be given CAREFULLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Wife

6-DATE OF BIRTH, April 30th, 1915. (Month) (Day) (Year)

7-AGE. ...yrs...mos...da. If LESS than 1 day, ...hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John A Johnson

11-BIRTHPLACE OF FATHER (State or Country). Monday

12-MAIDEN NAME OF MOTHER Frances Brzezinsky

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Johnson

(Address) 1606 Aliceanna

15- Filed MAY 1 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28 1915, to Apr 30 1915, that I saw h[illegible] alive on Apr 30 1915, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs...mos...da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. 1 mos...da.

(Signed) J. D. Slade M. D.

Apr 30 1915 (Address) 1131 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...da. In the State ...yrs...mos...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem. DATE OF BURIAL, MAY 1 1915

20-UNDERTAKER John A Pabst ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

£84957 £33957

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Aliceanna ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of John A + Frances Johnson.

(Residence in Baltimore: No. 1606 Aliceanna St St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 30th 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 2 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John A Johnson

11-BIRTHPLACE OF FATHER (State or Country), Norway.

12-MAIDEN NAME OF MOTHER Frances Bazzinsky

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Johnson

(Address) 1606 Aliceanna

15- ROBERT . KRAUTER,
Filed MAY 1 1915 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1915, to Apr 30 1915, that I saw h[illegible] alive on Apr 30 1915, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Duration) 1 hour ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) 1 hr ....yrs....mos....ds.

(Signed) [illegible] M. D.

....., 191.. (Address) 1430 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Schmidty Cemetery — DATE OF BURIAL, MAY 1 1915

20-UNDERTAKER John A Burns — ADDRESS Bond & Anna Sts

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84958

CERTIFICATE OF DEATH.

9V C84958

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Thomas Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Josephine Eagan

(Residence in Baltimore: No. 1708 Thomas Ave St.: 60 yrs., ✓ mos. ✓ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct (Month) 1st (Day), 1850 (Year)

7-AGE, 64 yrs. 7 mos. ✓ ds. If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Elkton Md

PARENTS.

10-NAME OF FATHER, Theodore Broderick

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Anna M. Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Elkton

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. H. Eagan

(Address) 1708 Thomas Ave

15- MAY 1 - 1915 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1915, to April 30 1915; that I saw her alive on April 30 1915; and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

(X) Pneumonia Acute

(Duration) 5 yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) 5 yrs. 3 mos. ✓ ds.

(Signed) Geo C. Shannon M. D.

April 30, 1915 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	May 3., 1915
20-UNDERTAKER	ADDRESS
Wm. F. Fahey & Sons	606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C84959

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Milton Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dena Whittemore

(Residence in Baltimore: No. 11 N. Milton Ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Sept (Month) 22 nd (Day), 1883 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Benjamin Bell

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Fannie K. Holloway

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. C. Whittemore

(Address) 11 N. Milton Ave

15- Filed MAY 1 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1914, to April 28, 1915, that I saw h[illegible] alive on April 28, 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

as a [illegible]

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 3 yrs. 6 mos. ..... ds.

(Signed) [illegible] M. D.

April 27 1915. (Address) 21 S. Abell Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 1st, 1915

20-UNDERTAKER A. Sander Sons

ADDRESS 1710 Pearl St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Andrew Rossmark

C84960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 C84960

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Rossmark.

(Residence in Baltimore: No. 614 S Regester St. St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 18, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Christopher Rossmark.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Catherine Hamburger.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. Pfeltz

(Address) Johns Hopkins Hosp.

15- MAY 1 - 1915 ROBERT . KRAUTHOFF,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 20 1915, to Apr 29 1915, that I saw h~~im~~alive on Apr 29 1915, and that death occurred, on the date stated above, at 7.40 p.m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Stanhope Bayne-Jones M. D.

Apr 30, 191.5 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 614 S. Regester St

19-PLACE OF BURIAL OR REMOVAL, Evangelical Cem. DATE OF BURIAL, May 2, 191.5

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Lord St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84961

CERTIFICATE OF DEATH.

79 C84961

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 622 N. Broadway ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Kobiauska

(Residence in Baltimore: No. 622 N. Broadway St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not known, 1850 (Month) (Day) (Year)

7-AGE, About 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kuczarski

(Address) 622 N. Broadway

15-FILED MAY 1 - 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ inquiry thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David Jones M. D. (Coroner.)

April 30 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	May 3 1915
20-UNDERTAKER, William Fialkowski	ADDRESS 168 Eastern Ave.

Spec.—5-19-12—M. & T.—500 Bks. Frances Grinevicka

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84962

CERTIFICATE OF DEATH.

91 C84962

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8305 Bond St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Grinevicka

(Residence in Baltimore: No. 8305 Bond St.; yrs. 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1914 (Year)

7-AGE, yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Anton Grinevicka

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Annie Barabzi Wozbuni

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grost

(Address) 830 S. Bond St.

15- Filed MAY 1 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1915, to April 30 1915, that I saw her alive on April 30 1915, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

(Signed) Henry A. Shutleff M. D.

April 30 1915. (Address) 427 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 1, 1915

20-UNDERTAKER, William Piaskowski — ADDRESS 1611 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ...tant. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH 084963

REGISTERED NO. C 084963

CITY OF BALTIMORE (No. 2722 Huntington Ave ST.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham B Spotts

(Residence in Baltimore: No. 2722 Huntington Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 27, 1852 (Month) (Day) (Year)

7-AGE: 62 yrs. 11 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: John H. Spotts

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Bain

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan C Spotts

(Address) 2722 Huntington Ave

15. Filed MAY 1 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 29, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1915, to April 29, 1915, that I saw h-- alive on April 29, 1915, and that death occurred, on the date stated above, at 9.30 a m.
The CAUSE OF DEATH* was as follows:

Cardiac Failure
Senile

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

(Signed) La Richardson M. D.

April 30, 1915 (Address) 1120 W. 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's | DATE OF BURIAL: May 3, 1915

20-UNDERTAKER: H. S. Marshall | ADDRESS: 3539 Falls Rd

Spec.—5-19-13—M. & T.—500 3ks. Sarah J. Swinek

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84964 64 C84964

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3747 Kensett ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J Swinek

(Residence in Baltimore: No. 3747 Kensett St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, unknown (Month) ..... (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Swinek

(Address) 3747 W Hamburg

15- FILED MAY 1 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1915, to April 30 1915, that I saw h[er] alive on April 29 1915, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. 7 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Crumpton M. D.

April 30, 1915. (Address) 512 Lath

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	May 2nd, 1915
20-UNDERTAKER Charles H. Hill	ADDRESS 3109 Hud K. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C84965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C84965

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Perigoy

(Residence in Baltimore: No. 3415 Stafford St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Sing'l

6-DATE OF BIRTH, Oct 10, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 20 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Walter Perigoy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lena Klauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Perigoy

(Address) 3416 Stafford St

15- Filed MAY 1 1915 ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1915, to April 30 1915, that I saw h.. alive on April 19 1915, and that death occurred, on the date stated above, at 12.30A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

April 30, 191.?. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 1st, 1915

20-UNDERTAKER	ADDRESS
Charles H. Sill	319 Fred'k Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C84966

CERTIFICATE OF DEATH

1 20 C84966

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 W. Church St ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Bolar (Bolar)

(Residence in Baltimore: No. 14 W. Church St St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Blood

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 24 (Day) 1871 (Year)

7-AGE: 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Prince Co. Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Maria Bolar

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Bolar

(Address) 14 W. Church St

MAY 1 - 1915 ROBERT . KRAUTER,
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1915, to, Apr. 30 1915, that I saw him alive on apr. 25 1915 and that death occurred, on the date stated above, at 10 30a m.

The CAUSE OF DEATH* was as follows:

Bright's disease

..... (Duration) 1 yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) 1 yrs mos ..... ds.

(Signed) L. Edw. Smith M. D.

[Address] 911 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn ct	May 2 1915
20-UNDERTAKER	ADDRESS
S. E. Brown & Son	108 W. Monument

C84967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C84967

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 156 Nort Potomac ST.: 6 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Gensman

(Residence in Baltimore: No. 156 Nort Potomac St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widower

6 DATE OF BIRTH July ? , 1853 (Month) (Day) (Year)

7 AGE 61 yrs. 9 mos. ? ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER ? Eitchel

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Unbeindabl

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Gensman

(Address) 147 Nort Potomac

15. MAY 1 - 1915 ROBERT . KRAUTH, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29 , 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28 , 1915 , to April 29 1915 that I saw her alive on April 28 , 1915 and that death occurred, on the date stated above, at 3a m. The CAUSE OF DEATH* was as follows:

Acute myocarditis

..... (Duration) ..... yrs. ..... mos. 2d

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J Knox Insley M. D.

April 30 , 1915 (Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Pat Olivet	5/2 , 1915
20 UNDERTAKER	**ADDRESS**
William Cook	507 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84968

CERTIFICATE OF DEATH.

28 C84968

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 S. Dallas St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Handy

(Residence in Baltimore: No. 41 S. Dallas St. St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.): Single

6-DATE OF BIRTH: March (Month) 9 (Day), 1878 (Year)

7-AGE: 37 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Thomas Handy

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Jane Reed

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Handy

(Address) 129 S Dallas St

15- Filed MAY 1 - 1915 191.. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1915, to April 29 1915, that I saw h[illegible] alive on April 26 1915, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard D. Essbinger M. D.

April 30, 1915 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, May 2, 1915.

UNDERTAKER Robert A. Elliott. — ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84969

CERTIFICATE OF DEATH.

28 C84969

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Tyson ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Gough

(Residence in Baltimore: No. 419 Tyson St. St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 20th, 1898.
(Month) (Day) (Year)

7-AGE, 17 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Own Mother

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Alice Gough

13-BIRTHPLACE OF MOTHER (State or Country), Ft. Mayer Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Gant

(Address) 534 Tyson St.

15- Filed MAY 1 - 1915. ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12th 1914, to April 30th 1915, that I saw her alive on April 28th 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Winsey M. D.

May 1st, 1915. (Address) 1220 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 2, 1915.

20-UNDERTAKER Robert F. Elliott.

ADDRESS 506 Rogers Ave.

NOTE—Every item of information should be carefully supplied. Address should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84970 HEALTH DEPARTMENT—CITY OF BALTIMORE X

CERTIFICATE OF DEATH.

1 79 C84970

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 818 N Spring ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Mitchell

(Residence in Baltimore: No. 818 N Spring St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, June (Month) 5th (Day), 1866 (Year)

7-AGE, 28 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Dawson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Goas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes L. Dawson

(Address) 818 N. Spring St.

15- MAY 1 - 1915 ROBERT . KRAUTER

Filed ..... 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah L. Russell M. D. (Coroner.)

April 29th, 1915. (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 1, 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—20[illegible] Bks.

C84971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C84971

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Stanford

(Residence in Baltimore: No. 1635 Mc Elderry St St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 2, 1908
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, Geo Stanford

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Blanche Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A B Emmons

(Address) 1635 Mc Elderry St

15- Filed MAY 1 - 1915 ROBERT F. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 27 1915, to Apr 30 1915, that I saw h[illegible] alive on Apr 30 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia a. X

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. A. Ballentine M. D.

Apr 30 1915. (Address) 1 E Hoff

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. 6 mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1635 Mc Elderry St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 2 1915

20-UNDERTAKER Robert A. Elliott — ADDRESS 506 Boyce Ave

NOTE—Every question must be answered. If unknown or doubtful, say so. Applicant should be careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84972 **CERTIFICATE OF DEATH.** 5 91 C84972

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Low st ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sorrentino (Sorrentino)

(Residence in Baltimore: No. 1133 Low st St.; ....yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, fem | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1914 (Year)

7-AGE, ...yrs. 11 mos. 1 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Mauro Sorrentino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Vincenza Di Pietro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 1 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 4/11 1915, to 4/29 1915, that I saw h-r alive on 4/29 1915, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

.....bronco-pneumonia.....

.....

..... (Duration).....yrs.....mos....18....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....Gely. Testa.....M. D.

....., 191... (Address)...210 Pearl st.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, May 1 - 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE, name of CITY, TOWN or COUNTY, and OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

C84973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 C84973

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2110 Callow Ave., ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleazer Cohen,

(Residence in Baltimore: No. 2110 Callow Ave., St.; Lifetime, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married,

6-DATE OF BIRTH, Dec. (Month) 27th. (Day) 1839. (Year)

7-AGE, 75 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance
(b) General nature of industry, business, or establishment in which employed (or employer)..... Broker,

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Moses Cohen,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Minna Preiss,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. E. Cohen,

(Address) Norfolk Va.

15- Filed MAY 1 - 1915 191.....

CHARLES M. SINCLAIR Registrar.

INDEX CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29th. (Day) 191 5 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw him alive on April 29 1915,
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Chronic Cystitis; Old age.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmities of age

(Duration) yrs. mos. ds.

(Signed) Harry Adler M. D.

April 29, 1915. (Address) 1218 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew, DATE OF BURIAL, May 2nd., 1915.

20-UNDERTAKER Levi Sondheim ADDRESS 1184 Madison

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C84974 Floyd + Elz Hieber

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C84974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W. Cross ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd + Elizabeth Huber

(Residence in Baltimore: No. 622 W. Cross St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) X

6-DATE OF BIRTH, April 30, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lloyd Huber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eliz. Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lloyd Huber

(Address) 622 W. Cross St.

15- Filed MAY 1 1915, 191.... CHARLES M. SINCLAIR INDEX CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1915, to April 30 1915, that I saw h-m alive on April 30 1915 and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Asphyxia due to

delayed Labor

.... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Hammond M. D.

April 30, 1915. (Address) 835 E. Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 1, 1915

20-UNDERTAKER Leo. G. Cook — ADDRESS 1106 Patterson Pk. Ave.

N. B.—Every item of information should be carefully supplied. Accuracy in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84975

CERTIFICATE OF DEATH.

151 C84975

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Plowman St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Sam Mike - Tresa Bruno

(Usual place of abode in Baltimore: No. 809 Plowman St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, March (Month) 27 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 33 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Sam Mike

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Tresa Bruno

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thresa Bruno

(Address) 827 Eastern Ave

15- Filed MAY 1 - 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to April 30 1915, that I saw her alive on April 30 1915, and that death occurred, on the date stated above, at 9h. m.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) ....yrs. ....mos. 33 ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. F. Valentine M. D.

May 1, 1915 (Address) 16 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, May 1, 1915

20-UNDERTAKER Wendell & Hopkins Co.

ADDRESS 37 S. Arch St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Stanislawa Levandoski

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C84976

C84976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Lancaster ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Levandoski

(Residence in Baltimore: No. 1707 Lancaster St.; .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be RECORDED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, April 28, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Joseph Levandoski

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Eva Remarke

13-BIRTHPLACE OF MOTHER (State or Country), Lod Cadon X

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Levandoski

(Address) 1707 Lancaster

15- Filed MAY 1 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 1 1915, that I saw h.. alive on May 1 1915, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Prematur Birth (Hrs)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J Valentine M. D.

May 1, 191 5. (Address) 16 O Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Mary Trappe Road

DATE OF BURIAL, May 4, 1915

20-UNDERTAKER Wendell Upfield

ADDRESS 37 ...

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84977

CERTIFICATE OF DEATH.

19 C84977

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 E Oliver ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Howard

(Residence in Baltimore: No. 2107 E Oliver St.; ....yrs.,.... mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February 10, 1834
(Month) (Day) (Year)

7-AGE 67 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Emmett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J McCaslin

(Address) 2107 E Oliver St

15- Filed MAY 1 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to May 1 1915, that I saw h[illegible] alive on April 29 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Boyd M. D.

May 1, 1915. (Address) 602 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, May 3d, 191.5

20-UNDERTAKER Robert J Turner

ADDRESS 1741-41 3d Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84978

CERTIFICATE OF DEATH.

147 C84978

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 E Monument ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Smith

(Residence in Baltimore: No. 1442 E Monument St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 10, 1862 (Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Severence

11-BIRTHPLACE OF FATHER (State or Country). Balto md

12-MAIDEN NAME OF MOTHER Annie Heckman

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Smith

(Address) 1442 E Monument St.

15- MAY 1 - 1915 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1915, to April 30 1915, that I saw her alive on April 30 1915, and that death occurred, on the date stated above, at 9.45a m.

The CAUSE OF DEATH* was as follows:

Suppurative Arthritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alex J Sagl M. D.

4/30/15 191... (Address) 1914 E Belvedere

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, May 2nd, 191.5

20-UNDERTAKER Robt J Turner — ADDRESS 1442 E Belvedere

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84979 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84979

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 722 E. Preston St. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Norman Crowe (Crowe)

(Residence in Baltimore: No. 722 E. Preston St.; ... yrs. ... mos. ... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Sept. 5, 1898 (Month) (Day) (Year)

7-AGE: 16 yrs. 7 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Wm R Crowe

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Clara Starr

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm R. Crowe

(Address) 722 E Preston St.

15 DATE MAY 1 - 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 30, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1915, to April 30 1915, that I saw him alive on April 30, 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Several Months yrs. ... mos. ... ds

Contributory (SECONDARY) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) Leonard E Brack M. D.

May 1st, 1915. (Address) 857 N Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: May 3, 1915

20-UNDERTAKER: Walter H. Shriver

ADDRESS: 1712 Fulton Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84980 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 C84980

CERTIFICATE OF DEATH

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2022 E Balto St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Goretein

(Residence in Baltimore: No. 2022 E Balto St.: ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Apr 30, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wolf Goretein

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sara Sack

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levis

(Address) 1419 E Balto St

15 Filed MAY 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ~~Apr 30~~ May 1 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1915, to May 1 1915, that I saw h[illegible] alive on May 1, 1915, and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Premature Birth
Atelectasis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo Kaminsky M. D.

May 1, 1915 (Address) 1116 S Gilmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt Rd — DATE OF BURIAL: 5/2, 1915

20 UNDERTAKER: Jack Levis — ADDRESS: 1419 E Balto

C84981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 20 C84981

REGISTERED NO. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 124 Jackson Place ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Snyder

(Residence in Baltimore: No. 124 Jackson Place St.: yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hanifaon Snyder

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hannah Cairn

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Snyder

(Address) 124 Jackson Place

15- Filed MAY 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1st (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

May 1st 1915. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run

DATE OF BURIAL, 5/2, 1915.

20-UNDERTAKER Jacob Lewis

ADDRESS 1409 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84982

CERTIFICATE OF DEATH.

151 C84982

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Canton ave. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Carrie May.

(Residence in Baltimore: No. 1519 Canton Ave. St.; ....yrs.,....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 29" ....., 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anthony Skerrin

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Carrie May

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Skerrin

(Address) 1519 Canton Ave.

15- Filed MAY 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/29/15 191, to 4/29/15 191, that I saw him alive on 4/29/15 191, and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) ....unknown....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....M. D.

4/30/15 (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dr. Vincent DATE OF BURIAL, May 2, 1915

20-UNDERTAKER Wendell Chesapeake Bldg ADDRESS 67 S Howard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 C84983

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Chambers

(Residence in Baltimore: No. 810 Vine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1887 (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Sol Chambers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hatter Snowden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Al Chambers

(Address) 906 Saratoga St

15- MAY 2 - 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Left ear discharged with bleeding

(Duration) yrs. mos. ds.

(Signed) J. J. Dorsey M. D. (Coroner.)

April 30, 1915 (Address) 711 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cmty DATE OF BURIAL, May 2 1915

20-UNDERTAKER Alfred Freeland ADDRESS 1144 Schroder

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C84984

CERTIFICATE OF DEATH

170 C84984

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2035 Keyser ST.; 8 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Gurney

(Residence in Baltimore: No. 2035 Keyser St.: 3 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	colored	Single

6 DATE OF BIRTH: March 6, 1913 (Month) (Day) (Year)

7 AGE: 3 yrs. 2 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Gurney

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lillis Calleman

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Gurney

(Address) 2035 Keyser St.

15 Filed MAY 2 - 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1915, to May 1 1915, that I saw him alive on April 30, 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonic Consolidation

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Chronic parenchymatous and interstitial Nephritis (Duration) yrs. mos. ds.

(Signed) H. Austin Sutcher M. D.

May 1, 1915. (Address) 2250 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 2, 1915
20 UNDERTAKER	ADDRESS
Milton Davis	1608 S. McElderry St

Spec.—5-13-13—M. & T.—500 Bks.

C84985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C 84985

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Lorman St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brogden

(Residence in Baltimore: No. 1613 Lorman St.; 1 yrs., 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, February 2, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Samuel Brogden

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gertrude Holmes

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Carrie

(Address) 533 Robert St

15- MAY 2 - 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 30, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 26 1915, to Apr 30 1915, that I saw h[illegible] alive on Apr 29 1915, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Ac Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Errors in diet + Infection

(Duration) yrs. mos. ds.

(Signed) Edward S Noel M. D.

Apr 30, 1915. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 2, 1915

20-UNDERTAKER Geo. W. Holland ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84986 C84986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 - E 24 St. 12 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Wilson

(Residence in Baltimore: No. 403 - E 24 St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, (Month) (Day) Uncertain, 1849 (Year)

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stephen Gray

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Patience Gray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ozella Gantt

(Address) 403 - E 24 St

15- Filed MAY 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 4 (Day) 30, (Year) 1915

17- I HEREBY CERTIFY, That I attended deceased from Apr. 10 1915, to Apr. 30 1915, that I saw her alive on Apr. 30 1915, and that death occurred, on the date stated above, at 10½ m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Cent. Vascular Deg. (Duration) yrs. mos. 10 ds.

(Signed) R. Garland Ahrens M. D.

Apr. 30, 1915. (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 2, 1915

20-UNDERTAKER Samuel T. Beverley ADDRESS 578 N. Eutaw

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84987

CERTIFICATE OF DEATH.

41 C84987

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J Burgess

(Residence in Baltimore: No. 540 N. Calvert St St., 20 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Feb (Month) 3 (Day) 1878 (Year)

7-AGE, 37 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jose Burgess

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscilla Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Layne

(Address) 1701 Laffobert St

15- Filed MAY 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 30 (Day) 191 5 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25 191 5, to Apr. 30 191 5, that I saw him alive on Apr 30 191 5, and that death occurred, on the date stated above, at 8:50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(No operation: no Micro. exam)

(Duration) yrs. Don't know mos. ds.

CONTRIBUTORY (Secondary) Eczema of Foot

(Duration) yrs. 1 mos. ds.

(Signed) Edward L. Ewell M. D.

Apr 30, 191 5 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? 540 N. Calvert St

Former or usual residence 540 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Laurel Md	May 2 1915

20-UNDERTAKER Samuel F. Ramsey ADDRESS 578 W Pratt

RECORDS · AFFIDAVITS

Spec.—5-19-13—M. & T.—500 Blks.

C84988 LTH DEPARTMENT—CITY OF BALTIMORE

C84988

CERTIFICATE OF DEATH.

152 C84988

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hos. ST.; 7 ....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mason (Mason)

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Sing'l

6-DATE OF BIRTH, Apr. (Month) 28 (Day), 1915 (Year)

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...Hrs. or ....Min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): C

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Mason

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ruth Joy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Mason

(Address) 401 N. Broadway

15- Filed MAY 2 - 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1915, to Apr. 30, 1915, that I saw h.. alive on Apr. 30, 1915, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. D. Plass M. D.

May 1, 1915. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, May 2d, 1915.

20-UNDERTAKER E. M. Underwood — ADDRESS 1610 E. Chase St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84989 113 C84989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Ashland Av ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Steegler

(Residence in Baltimore: No. 2028 Ashland Ave St.; 60 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Not Known (Month) 1 (Day) (Year)

7-AGE. 4 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Thomas Steegler

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Steegle

(Address) 2028 Ashland Av

15- Filed MAY 2 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1915, to May 1 1915, that I saw h[illegible] alive on May 1 1915, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) 7 mos. ds.

(Signed) William J. Rosario M. D.

May 1, 1915. (Address) 2002 Ashland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill — DATE OF BURIAL, May 4, 1915

20-UNDERTAKER Frank Crook Son — ADDRESS 1904 Eastlond Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84990

CERTIFICATE OF DEATH.

92 C84990 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2247 E Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Cudlin (Cudlin)

(Residence in Baltimore: No. 530 N Chapel St.; 35 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) October (Day) 1 (Year) .....

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... A Lower
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Prohazka

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph J. Cudlin

(Address) 2249 E Chase

15- Filed MAY 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 191.., to April 29 191.., that I saw h.. alive on April 29 1915, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

.....

.....

.....

(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration)..... yrs. ..... mos. 3 ds.

(Signed) W. Rosenau M. D.

April 3465, 191.. (Address) 2008 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 1.. 1915

20-UNDERTAKER Frank Frank & Son — ADDRESS 1904 Eastland

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C84991 — 28 — C84991

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Fleet

(Residence in Baltimore: No. 824 Mc Donough St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6-DATE OF BIRTH: July (Month) 4 (Day) 1909 (Year)

7-AGE: 5 1/2 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Benj Fleet.

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Mary Banum

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A B Curry

(Address) 824 N. Hoff St.

18. Filed MAY 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1915, to, Apr 30 1915, that I saw him alive on Apr 30 1915, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 1 mos. — ds.

Contributory (SECONDARY): none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. A. Bauer M. D.

May 1915 [Address] 4 Hoff

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 3 4 ds. In the State 5 1/2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 824 Mc Donough St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 4, 1915
20-UNDERTAKER: Robert A. Elliott	ADDRESS: 506 Rogers Ave

Spec.—5-19-13—M. & T.—500 Bks.

C84992

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84992

CERTIFICATE OF DEATH.

44

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Battery Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tolusker Morris

(Residence in Baltimore: No. 1120 Battery Ave St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 29 (Day), 1852 (Year)

7-AGE, 63 yrs. 0 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Dull

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Martin (Daughter)

(Address) 1120 Battery Ave

15- Filed MAY 2 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1914, to April 30 1915, that I saw h[er] alive on April 30 1915, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis & Decomposition of Arteries

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia of the Face

(Duration) 3 yrs. ....mos. ....ds.

(Signed) J. F. Hall Jones M. D.

May 1, 191.5 (Address) 1618 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 3., 191.5.

20-UNDERTAKER Edward L. Fanning. ADDRESS 1460 Battery Av.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84993

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C84993
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2237 Fremont Ave ST.; 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Elizabeth Hiss

(Residence in Baltimore: No. 2237 Fremont Ave St.; 1 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February 6, 1913 (Month) (Day) (Year)

7-AGE: 2 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Philadelphia Pa.

PARENTS

10-NAME OF FATHER: Benjamin E. Hiss

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Sadie R. Warner.

13-BIRTHPLACE OF MOTHER (State or country): Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lizzie Hiss Grandmother
(Address) 223 N. Fremont Ave

15. Filed MAY 2 - 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

1093

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 30, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1915, to, April 30 1915, that I saw h[er] alive on April 30, 1915, and that death occurred, on the date stated above, at 1.50 a m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Acute Lobar Pneumonia

(Duration) 2 yrs. 1 mos. 8 ds.

(Signed) Otto M Leinhardt, M. D.
May 1, 1915. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem — DATE OF BURIAL: 5/2, 1915

20-UNDERTAKER: J. Fen McCully — ADDRESS: 39 E. Fort Ave

Spec.—5-19-13—M. & T.—500 Bks. Elizabeth B. Mueller

HEALTH DEPARTMENT—CITY OF BALTIMORE

084994

CERTIFICATE OF DEATH.

64 084994

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Riggs Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth B Mueller

(Residence in Baltimore: No. 1921 Riggs Ave St.; 44 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June 3rd, 1870 (Month) (Day) (Year)

7-AGE, 44 yrs. 10 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter Wohlinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Dr Wittli

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs B Edwards

(Address) 1921 Riggs Ave

15- FILED MAY 2 - 1915 ROBERT . KRAUTER, Bd. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1914, to April 30 1915, that I saw h[illegible] alive on April 29 1915, and that death occurred, on the date stated above, at 12 hrs

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

May 1st 1915. (Address) 51 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 3rd 1915

20-UNDERTAKER Abram B Fox — ADDRESS 1923 W Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write PLAINLY, WITH UNFADING INK. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C84995

CERTIFICATE OF DEATH.

1 C84995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Wayne St. ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Lewinstein

(Residence in Baltimore: No. 729 Wayne St St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 4 yrs. ~ mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Wemsburg Va

PARENTS.

10-NAME OF FATHER, Israel Lewinstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Lewinstein

(Address) 1106 E. Pratt St.

15- Filed MAY 2 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

5:30 P. m.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1915, to May 2 1915; that I saw h[illegible] alive on May 2 1915, and that death occurred, on the date stated above, at One p m.

The CAUSE OF DEATH* was as follows:

Cerebritis

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M C Freiberger M. D.

May 7, 1915. (Address) 682 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Farmer or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lehew M.E. Cem'd — DATE OF BURIAL, May 2 1915

20-UNDERTAKER J. Lennons Bro — ADDRESS 1107 E Balto

C84996 HEALTH DEPARTMENT---CITY OF BALTIMORE C84996

CERTIFICATE OF DEATH

10

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 5684 W. Pratt ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie E. H. Mallory

(Residence in Baltimore: No. 5684 Pratt St.; 72 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1843 (Year)

7-AGE: 72 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: nurse
(b) General nature of industry, business, or establishment in which employed (or employer): all diseases except Contagious

9-BIRTHPLACE (State or country): Md (Balto City)

PARENTS

10-NAME OF FATHER: Emory Bond

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susie Martin

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Toomey

(Address) 5684 W. Pratt

Filed MAY 3 - 1915 191 MARY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 1 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 — 1915, to, May 1 — 1915, that I saw h[illegible] alive on May 1 — 1915, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) — yrs — mos. 8 ds.

Contributory (SECONDARY) Pleuro-Pneumonia

(Duration) — yrs — mos. 3 ds.

(Signed) H. E. Barry M. D.

May 2 — 1915 [Address] 1762 Pierce Alley

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... dys. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 3 1915

20-UNDERTAKER: Geo. H. Holland — ADDRESS: 577 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C84997 HEALTH DEPARTMENT—CITY OF BALTIMORE C84997

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Cottman.

(Residence in Baltimore: No. 17 E. Saratoga St. St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male.

4-COLOR OR RACE, Colored

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... White-washer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Johnson

(Address) 17 E Saratoga St

15- MAY 3 - 1915 HARRY O. ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy~~ Inquest of inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, ~~autopsy~~ Inquest of inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy - Cerebral (left side)
Superinduced by fall (accidental)
in bread on the street on April 25/15

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio sclerosis & alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Chambers M. D.
(Coroner)

April 30, 1915. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 67 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 17 E Saratoga St

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery

DATE OF BURIAL. May 3rd, 1915

20-UNDERTAKER Felix B Pyle

ADDRESS 102 E. Mulberry St

C84998 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C84998

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Dawson ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Bubb

(Residence in Baltimore: No. 1512 Dawson st St.; 22 yrs. 10 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June 11, 1892 (Month) (Day) (Year)

7-AGE: 22 yrs. 10 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles A Bubb

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Polly Thomas

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daisy L Butler

(Address) 1512 Dawson St

15- Filed MAY 3 - 1915 MARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 1, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1915, to, May 1 1915, that I saw h. alive on May 1 1915, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs., ... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. F. Mugler M. D.

May 1, 1915. [Address] 1309 Division St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: May 4th, 1915

20-UNDERTAKER: Felix B. Pyle — ADDRESS: 102 E. Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C84999 HEALTH DEPARTMENT--CITY OF BALTIMORE C84999

CERTIFICATE OF DEATH

REGISTERED No. C 91

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2470 Woodbrook Ave ST.. 15 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Evelyn Grace Hale

(Residence in Baltimore: No. Same 2470 Woodbrook Ave; yrs. 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Babe

6 DATE OF BIRTH: June (Month) 28 (Day) 1914 (Year)

7 AGE: yrs. 10 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas S' Hale

11 BIRTHPLACE OF FATHER (State or country): Baltimore Co

12 MAIDEN NAME OF MOTHER: Hester Bobletz

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hester Bobletz

(Address) 2470 Woodbrook Ave

15 FILED MAY 3 - 1915 1915 Isabel C. Ar... Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 2 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1915, to May 2 1915, that I saw h[er] alive on May 2, 1915, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 20 ds ag[o]

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Stanley McAleer M. D.

May 2 1915 (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, if DEATH RESULTS FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hampstead Md — DATE OF BURIAL: May 4, 1915

20 UNDERTAKER: Bernard A. Ennis — ADDRESS: 513 N Eutaw St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85000 HEALTH DEPARTMENT—CITY OF BALTIMORE C85000

CERTIFICATE OF DEATH 37 +

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balt Eye Ear Hit 625 ST.; ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton Burgess

(Residence ~~in Baltimore:~~ No. Annapolis Md St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Colored	Single

6-DATE OF BIRTH Unknown (Month) ..... (Day), 1894 (Year)

7-AGE 21 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Thomas Burgess

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Burgess

(Address) Annapolis

MAY 3 - 1915

Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1915, to. May 2 1915, that I saw him alive on May 1, 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Brain Meningitis

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Hypostasis

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Wm Ellingwood M. D.

5/2, 191 5. (Address) 625 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 25 ds. In the State 21 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Annapolis Md	May 3, 1915

20-UNDERTAKER James H. Dennis | ADDRESS 1303 Preston

C85001

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85001

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Aged Men & Women's Home — REGISTERED No. C 130

CITY OF BALTIMORE: (No. 1622 ~~Druid Hill ave~~ St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kitty Robins

(Residence in Baltimore: No. 1622 Druid Hill ave St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1834 (Year)

7-AGE: 81 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook—Ex
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Robins

(Address) 1622 Druid Hill ave

15- MAY 3 - 1915 Filed, 191

MARY O. ANDREAS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4, 1915, to, May 1, 1915, that I saw h e x alive on April 30 1915, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Intestitis Nephritis

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Age.

(Duration) yrs mos. ds.

(Signed), J M Phelps M. D.

May 2 1915. [Address] 1209 Pleasant St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 4 yrs. mos. ds. In the State 81 yrs. mos. ds.

Where was disease contracted if not at place of death? Aged Men and Women's Home

Former or usual residence Aged Men and Women's Home

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 3, 1915

20-UNDERTAKER: John H Fraden — ADDRESS 142 W Fail St

Spec.—5-19-13—M. & T.—500 Bks.

C85002 HEALTH DEPARTMENT—CITY OF BALTIMORE C85002

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Bunnecke Ave ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Ann Tracey

(Residence in Baltimore: No. 704 Bunnecke Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 22 (Day) 1849 (Year)

7-AGE, 65 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Baker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Macenna

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reuben Tracey

(Address) 704 Bunnecke Ave

15- Filed MAY 3 - 1915, 191.. HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 2 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1915, to 5-1 1915, that I saw h[illegible] alive on 5-1 1915, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) yrs. 2 mos. ds.

(Signed) C. F. J. Coughlin M. D.

5-2, 191.5 (Address) 3201 Ruland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden DATE OF BURIAL, May 4 1915

20-UNDERTAKER Greenwalt & Son ADDRESS 361 Chestnut Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form No. 1 Rev.—8-24-14—M. & T.—2000 Bks.

C85003

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85003

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1002 Eutaw Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Rial

(Residence in Baltimore: No. 1002 Eutaw Ave St.; 61 yrs. 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Jan (Month) 19th (Day); 1854 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 3 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Conr—a Reiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Barbara Niemheim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Emma M. Rial

(Address)...1002 Eutaw Ave,

15-Filed MAY 3 - 1915 HARRY O. ANDREWS, Burial Permit Clerk
....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... May (Month) 1 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1915, to May 1, 1915, that I saw h.. alive on Apl. 30. 1915, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No Operation

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. 7 ... ds.

(Signed) Hubert C. Blake M. D.

May 2, 191.5 (Address) 1014 W. Fadey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	May 4, 191.5.
20-UNDERTAKER	ADDRESS
J. Leonard Sperry	Eutaw & Lanvale

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C85004 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 C85004

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Edward G Altwater.

(Residence in Baltimore: No. 323 N Carrollton Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 23rd (Day) 1885 (Year)

7-AGE, 30 yrs. — mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Garrett Altwater

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Cronin

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary E Altwater

(Address)..323 N Carrollton ave

15-

Filed MAY 3 - 1915 191.... HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 2 1915, that I saw him alive on May 1 (11 pm) 1915, and that death occurred, on the date stated above, at 3-20 am.

The CAUSE OF DEATH* was as follows:

Toxemia and delerium

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) R L Johnson M. D.

May 2, 1915. (Address) University Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 30 yrs. — mos. 9 ds.

Where was disease contracted, if not at place of death? 323 N Carrollton Ave

Former or usual residence Baltimore Md.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL. May 4, 1915

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 Monument

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85005

HEALTH DEPARTMENT—CITY OF BALTIMORE, 19 C85005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Harrison

(Residence in Baltimore: No. 42 York St. St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Not known, ... (Month) ... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Mc... Hosp...

(Address) Church St

15- Filed MAY 3 - 1915 HARRY O. ANDERSON Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 30, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25 1915, to Apr. 30 1915, that I saw h. m alive on Apr. 30 1915, and that death occurred, on the date stated above, at 7:25 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P. Smith M. D.

Apr. 30, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. Life ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
UNIVERSITY OF MARYLAND.	MAY 3 - 1915
20-UNDERTAKER Commissioner Health.	ADDRESS

For Wm. S. WOODALL

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

C85006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85006

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Scott McMaggins

(Residence in Baltimore: No. 413 N. Pierce St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 28, 1877 (Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Restaurant

9-BIRTHPLACE, (State or Country), Jamaica

PARENTS.

10-NAME OF FATHER, Robt McHoggins

11-BIRTHPLACE OF FATHER (State or Country), Jamaica

12-MAIDEN NAME OF MOTHER Maria Hayo

13-BIRTHPLACE OF MOTHER (State or Country), Jamaica

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recd Mercy Hosp

(Address) Calvert St

15- Filed MAY 3 - 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 29, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 29 1915, to Apr 29 1915, that I saw him alive on Apr. 29 1915 and that death occurred, on the date stated above, at 7.25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Did not Know

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Smith M. D.

Apr. 29, 1915. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State W yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? 413 N. Pierce St

Former or usual residence 413 N. Pierce St

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL. MAY 1 - 1915, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C85007 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C85007

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Paul Apartments REGISTERED No. C.....

CITY OF BALTIMORE: (No. Cor St Paul & W Royal ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily St Pinnell

(Residence in Baltimore: No. The St Paul Apartments St.; 12 yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 10, 1846. (Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York City

PARENTS.

10-NAME OF FATHER, James Pinnell

11-BIRTHPLACE OF FATHER (State or Country), West Indies

12-MAIDEN NAME OF MOTHER Mary Te Meier

13-BIRTHPLACE OF MOTHER (State or Country), New York City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Pinnell

(Address) The St Paul Apts

15- MAY 3 - 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to May 1 1915, that I saw her alive on May 1 1915, and that death occurred, on the date stated above, at 8-45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Osteo Arthritis

..... (Duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) 5 yrs. ... mos. ... ds.

(Signed) A. Duval Atkinson M. D.

May 3d, 1915. (Address) 920 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. New York | DATE OF BURIAL, 5-5, 1915

20-UNDERTAKER H. W. Jenkins & Sons Co | ADDRESS Orchard & McCulloh Sts

C85008

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85008

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. McKim Sch Ashland ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob L. Vitzthum

(Residence in Baltimore: No. Homewood Apartments Chas & 31st Sts St., yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 2nd (Day), 1868 (Year)

7-AGE, 46 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Vitzthum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Fredericka Engel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Vitzthum

(Address) 42 East Ford Ave Ft Lauderdale

15-

Filed MAY 3 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

May 3rd, 1915. (Address) 420 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bolton Cem	May 4th, 1915
20-UNDERTAKER	ADDRESS
Henkenius Bros Co	1100 Eutaw Pl

C85009 HEALTH DEPARTMENT--CITY OF BALTIMORE No C85009

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2524 Maryland ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean Cameron Frazer

(Residence in Baltimore: No. 2524 Marylandave St.; yrs. mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): infant

6-DATE OF BIRTH: April (Month) 18 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE (State or country): Baltimore. Md.

PARENTS

10-NAME OF FATHER: Jos. C. W. Frazer

11-BIRTHPLACE OF FATHER (State or country): Kentucky

12-MAIDEN NAME OF MOTHER: Grace Carroll

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos. C. W. Frazer

(Address) 2524 Maryland Ave.

15- Filed MAY 3 - 1915, 191 MARY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 191 5, to, May 2 191 5, that I saw h~~im~~ alive on May 2, 191 5, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Infection possibly through umbilicus) (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Convulsions (Duration) ..... yrs. ..... mos. 14 hours ds.

(Signed), John S. Bishop M. D.

May 2, 1915 (Address) 824 N. Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: May 3rd, 191 5

20-UNDERTAKER: New Jenkins Sons Co | ADDRESS: Pac Catholic Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85010

CERTIFICATE OF DEATH.

92 C85010

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2266 Woodbury ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Captain Wm H. Porter

(Residence in Baltimore: No. 2266 Woodbury ave St.; 64 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 6, 1850 (Month) (Day) (Year)

7-AGE, 64 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain of
(b) General nature of industry, business, or establishment in which employed (or employer): Boat

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William H. Porter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Amanda Alexander

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E Burnham

(Address) 2266 Woodbury ave

15-

Filed MAY 3 - 1915 MARY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to May 2 1915, that I saw h[illegible] alive on May 2 1915, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

May 2, 1915. (Address) 560 W. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 4, 1915

20-UNDERTAKER William Cook — ADDRESS 502 N. North ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85011 HEALTH DEPARTMENT—CITY OF BALTIMORE 175 C85011

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Christian Wanderson

(Residence in Baltimore: No. 2031 Ellsworth St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 28, 1892
(Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Porto Rico

PARENTS.

10-NAME OF FATHER, John W Anderson

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Margaret J Turner

13-BIRTHPLACE OF MOTHER (State or Country), Porto Rico

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Anderson

(Address) 2031 Ellsworth St

15- Filed MAY 3 - 1915, 191. MARY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock & Hemorrhage
(Accident)
Thrown under freight train, which returned Fracture Left Int. rotat. femur

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Jeffers M. D.
(Coroner.)

191... (Address) 1 E. N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State 22 yrs. 4 mos. 4 ds.

Where was disease contracted, if not at place of death? Ellicott City Fire

Former or usual residence 2031 Ellsworth St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
Mt Carmel	
20-UNDERTAKER	ADDRESS
Wisbon	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.--8-24-14—M. & T.—2000 Bks.

C85012

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85012

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil & Sellman St.; (Ward) 10th) REGISTERED No. C 40

2-FULL NAME Virginia T. Grayson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Bancroft Park St.; yrs. mos. ds.)
Balto County Md

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, November, 1 (Month) (Day) 1[illegible] (Year)

7-AGE,	If LESS than 1 day,
75 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman B. Grayson

(Address) Bancroft Park

15- MAY 3 - 1915 HARRY O. ARNESTS,
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to May 2 1915, that I saw her alive on May 2 1915, and that death occurred, on the date stated above, at 1 6 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
No operation
" Pneumonia Exam.
Postmortem Not
(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Stomach
(Duration) Not known yrs. mos. ds.

(Signed) Maria [illegible] Grayson M. D.

May 2, 1915. (Address) 2439 N. Chapel St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bancroft Park Balto Co Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dudley Ridge	May 5, 1915
20-UNDERTAKER	ADDRESS
Marsh	5000 Walbrook

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C85013

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85013

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 Birkhead St. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret May Jessie Perrone

(Residence in Baltimore: No. 137 Birkhead St.; ....yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 29 (Day), 1889. (Year)

7-AGE, 25 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waitress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Morris D Giles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Crouch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Giles

(Address) 137 Birkhead

15-

Filed MAY 3 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1915, to May 3 1915, that I saw h[illegible] alive on May 6 1915, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) J. J. Darlington M. D.

May 3, 1915. (Address) 102 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
Cedar Hill Cem	
20-UNDERTAKER J. Fem McCarthy	ADDRESS 99 E Fort Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85014 HEALTH DEPARTMENT—CITY OF BALTIMORE C85014

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 583 W. Preston street, ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Janie,

(Residence in Baltimore: No. 583 W. Preston street, St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, April (Month) 15th (Day), 1858. (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 0 mos. 16 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Gross, daughter,

(Address) 583 W. Preston street.

15- MAY 3 - 1915 [illegible],
Filed....., 191 Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1st (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Valvular Heart disease,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)

May 1st 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int auburn	May 3, 1915.
20-UNDERTAKER	ADDRESS
S. F. Hemsley	578 W. Balt

Spec.—8-24-14—M. & T.—2000 Bks.

C85015

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 313 N. Carey St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Julia A Goodrich

(Residence in Baltimore: No. 313 N. Carey St; St.; ~~55~~ yrs., 11 mos. ~~27~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) married

6-DATE OF BIRTH, May (Month) 27th (Day), 1859 (Year)

7-AGE, 55 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Mary's County Md

PARENTS.

10-NAME OF FATHER, James F. Kirby

11-BIRTHPLACE OF FATHER (State or Country), St Mary's County Md.

12-MAIDEN NAME OF MOTHER Julia A. Biscoe

13-BIRTHPLACE OF MOTHER (State or Country), St Mary's County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. M. Goodrich

(Address) 313 N. Carey St

15-

Filed MAY 3 - 1915, 191.... NANCY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1914, to April 30 1915, that I saw her alive on April 30 1915, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis and

Exhaustion

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hartman F. Finn M. D.

May 2, 1915. (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, May 4, 1915

20-UNDERTAKER F. B. Kruppert

ADDRESS 1738 Eutaw

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85016

CERTIFICATE OF DEATH.

134 C85016

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.) 8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. F Louise Zierk

(Residence in Baltimore: No. 2236 Patterson Park Ave. State yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, December 11, 1881
(Month) (Day) (Year)

7-AGE. 33 yrs. 4 mos. 21 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Rochester N.Y.

PARENTS.

10-NAME OF FATHER. August Lemke

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Kurth

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Zierk

(Address) 2236 Preston Place

15-

Filed MAY 3 — 1915

HENRY D. ANDREWS
Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 30 1914, to May 2 1915, that I saw her alive on May 2 1915, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

a. Pulmonary inflammatory disease

b. Cerebral hemorrhage

c. Miscarriage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Epithelioma of breast

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Wm F Keirle Jr. M. D.

May 3, 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds. (Lifetime)

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 102 Patterson Park Ave,

19-PLACE OF BURIAL OR REMOVAL. Rochester N.Y. DATE OF BURIAL. May 5, 1915

20-UNDERTAKER Wm F Fuhrer ADDRESS 1429 Bdway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C85017 HEALTH DEPARTMENT—CITY OF BALTIMORE C85017

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 23 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lynn

(Residence in Baltimore: No. 1002 Creek Ave St.; 54 yrs., 0 mos. 29 ds.)

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Apr. (Month) 2 (Day) 1881. (Year)

7-AGE, 34 yrs. 0 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sturdor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, George Lynn

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Green

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hosp

(Address) Calvert St

15 MAY 3 - 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1915, to May 1st 1915, that I saw h[illegible] alive on May 1st 1915, and that death occurred, on the date stated above, at 5:45 p. m.

The CAUSE OF DEATH* was as follows:

Typ Lois Fever

about

(Duration) .... yrs. .... mos. 15 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

about

(Duration) .... yrs. .... mos. 1 ds.

(Signed) Edward R. Smith M. D.

May 1 191.5. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. 3 ds. In the State .... yrs. Life mos. .... ds.

Where was disease contracted, if not at place of death? 1002 Creek Ave

Former or usual residence 1002 Creek Ave.

19-PLACE OF BURIAL OR REMOVAL, Laurel Ct — DATE OF BURIAL, May 4, 1915

20-UNDERTAKER Lee Brown & Son — ADDRESS 108 W Monty

Spec.—5-19-13—M. & T.—500 Bks.

C85018

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C85018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Seudenhall, ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer W. Brunnivell

(Residence in Baltimore: No. 937 Seudenhall St.; 7 yrs., 4 mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 31 (Day), 1907 (Year)

7-AGE, 7 yrs. 4 mos. 3 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles W. Brunnivell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Maggie Styles

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Brunnivell

(Address) 937 Seudenhall St.

15- Filed MAY 3 - 1915, 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1915, to May 2, 1915, that I saw him alive on May 2, 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration).....yrs.....mo

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....m

(Signed) D Franklin

May 3, 1915 (Address) 172 W

*State the DISEASE CAUSING DEATH, or, in deaths from violence (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, ASYLUMS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct

20-UNDERTAKER J. L. Brown & Son

Spec.—8-24-14—M. & T.—2000 Bks.

C85019

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85019

CERTIFICATE OF DEATH.

REGISTERED NO. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Ethel Wooden

(Residence in Baltimore: No. 1034 W. Franklin St.; 23 yrs. 1 mos. 29 ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH March 2, 1892 (Month) (Day) (Year)

7-AGE, 23 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stenographer
(b) General nature of Industry, business, or establishment in which employed (or employer) Insurance

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. L. Wooden

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie E. James

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Wooden

(Address) 1089 N. North Ave.

15- MAY 3 - 1915 191.. HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1915, to May 1 1915, that I saw her alive on April 30 1915, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY. (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

(Signed) A. H. Hermann M. D.

May 2, 1915. (Address) 100 W. Mt. Lafayette Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 4, 1915

20-UNDERTAKER Stewart & Hooven Co — ADDRESS 108 W. North Av.

Spec.—5-19-13—M. & T.—500 Blks.

C85020 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 C85020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Calverton Road 20 ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence J. Bowles.

(Residence in Baltimore: No. 17 S. Calverton Road) Or.: 4 yrs., 1 mos. 1 dy

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 1, 1896
(Month) (Day) (Year)

7-AGE, 39 yrs. 2 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Own Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William J. Shepherd

11-BIRTHPLACE OF FATHER (State or Country), U. S. A.

12-MAIDEN NAME OF MOTHER Augusta Moffitt.

13-BIRTHPLACE OF MOTHER (State or Country), U. S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur A. Bowles

(Address) 17 S. Calverton Rd.

15- MAY 3 - 1915 / HARRY O. ARLEIGH
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... May ..... 2 ..., 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30 1915, to May 2nd 1915, that I saw h[illegible] alive on May 2nd 1915, and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Tuberculosis Laryngitis
(Duration) Years Months Days

CONTRIBUTORY (Secondary)
Asthenia (Duration) yrs. mos. 1 ds.

(Signed) Dr. Bamt G. Grazz M. D.

May 2 1915 (Address) 218 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 5, 1915

20-UNDERTAKER John F. Fields ADDRESS 1200 W. Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILM

Spec.—8-24-14—M. & T.—2000 Bks.

C85021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85021

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Carlton St.: 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T. Bowers

(Residence in Baltimore: No. 1310 Carlton Ave. St.; ...yrs., 6 mos. ...ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown 1880, ... (Month) ..... (Day) 1 (Year)

7-AGE 35 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va "

PARENTS.

10-NAME OF FATHER, James Finley Fisher

11-BIRTHPLACE OF FATHER (State or Country), Va "

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Va "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. T. Bowers

(Address) 1310 Carlton Ave.

15 MAY 3 - 1915 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 19 15
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26th, 1915, to April 2d, 1915, that I saw h[illegible] alive on March 2d, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Phthisis
..... (Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary)
..... (Duration) ...yrs. ...mos. ...ds.

(Signed) A. Fee Elder M. D.

April 3, 1915. (Address) 924 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Northumberland Co. Va. DATE OF BURIAL, May 5, 1915.

20-UNDERTAKER Pendrill & Hall ADDRESS

James E. Dunning 1303 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

C85022 HEALTH DEPARTMENT—CITY OF BALTIMORE 80 C85022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Cecil Apartments ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sebastian Bach Hodges

(Residence in Baltimore: No. Since 1870 St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, ...Jan 12 - 1830...., 1..... (Month) (Day) (Year)

7-AGE, 85 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Edward Hodges

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Robertson

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hale Hodges

(Address) 19 W 20th St.

15- Filed MAY 3 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

(OK. CMF)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to ....191...., that I saw h alive on ....191...., and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Symptoms in Jan indicated this condition

No previous illness to this

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Arteriosclerosis (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. D. Lee M. D.

May 2 1915 (Address) 5 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pittsburg Pa. DATE OF BURIAL, May 4th, 1915

20-UNDERTAKER Henry Heinlein & Sons Co ADDRESS Orchard Sts.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85023 — CERTIFICATE OF DEATH — 151 — C85023

1-PLACE OF DEATH: West End Maternity — REGISTERED No. C

CITY OF BALTIMORE: (No. 112 N. Calhoun ST.; 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Baby Caplan

(Residence in Baltimore: No. 1211 N. Lexington St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Baby

6-DATE OF BIRTH, April (Month) 28 (Day), 1915 (Year)

7-AGE, ...yrs....mos. (....ds. If LESS than 1 day, ...hrs. or....min.)

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Maurice H. Caplan

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mae White

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): J. Lewis

(Address): 1419 E. Balto St

15- Filed MAY 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3rd (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 28th 1915, to May 3rd 1915; that I saw him alive on May 2nd 1915; and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility
(Born 8th mo. Premature)
(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Lacey M. D.

May 3rd 1915 (Address) 1725 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 5/3, 1915

20-UNDERTAKER: Jacob Lewis — ADDRESS: 1419 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85024

CERTIFICATE OF DEATH.

40 C85024

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S Ellwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Hauser

(Residence in Baltimore: No. 811 S. Ellwood ave St.; 52 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 10, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paulina Hauser

(Address) 811 S. Ellwood Ave

15- Filed MAY 3 - 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 1915 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 30 191.., to Apr. 30 191.., that I saw him alive on April 30 191.., and that death occurred, on the date stated above, at 5-30 P. m.
The CAUSE OF DEATH* was as follows:

Paul Hauser
No. of Pa. 11 M 61
Carcinoma

(Duration) yrs. mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Pramle Abbott M. D.

May 3, 191... (Address) 2344 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetary	May 4 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2536 Jefferson st

C85025

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85025

1-PLACE OF DEATH U. S. Marine Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Orie

(Residence in Baltimore: No. U. S. Marine Hospital St. ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 2 (Month) 2 (Day) 1870 (Year)

7-AGE: 45 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Chile

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Hospital record.
(Informant)
(Address)

15- MAY 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27, 1915, to May 2 1915, that I saw h... alive on May 1st 1915, and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:

Valvular Disease Heart
Aortic Insufficiency
(Duration) Days Known ds.
Contributory (SECONDARY) Lung Congestion
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) I. T. K. Carter M. D.
May 3 1915. [Address] U. S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... ds.
Where was disease contracted, if not at place of death? Not Known
Former or usual residence Seaman

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: May 3 1915

20-UNDERTAKER: H. E. Singles — ADDRESS: 17 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Acc.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85026

C85026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Whiteley

(Residence in Baltimore: No. 716 Park Ave St; ....yrs....mos. ....ds.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, November (Month) 2nd (Day), 1859 (Year)

7-AGE, 55 yrs. 6 mos. 1 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Civil
(b) General nature of industry, business, or establishment in which employed (or employer)..... Engineer

9-BIRTHPLACE, (State or Country) Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Calvin Whiteley

11-BIRTHPLACE OF FATHER (State or Country), Easton Md

12-MAIDEN NAME OF MOTHER Harriet Stone

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L. Whiteley

(Address) 1221 N. Calvert St

15-Filed MAY 3 - 1915 ROBERT . KRAUTER, Asst. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 3 1915, that I saw him alive on May 3 1915, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ....yrs. ....mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. T. Kieffer, M. D.

May 3, 1915 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 dy. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va

DATE OF BURIAL, 5-4, 1915

20-UNDERTAKER Henry W. Jenkins & Bro Inc Eutaw

ADDRESS Orchard

C85027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C85027

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2804 Edmondson Ave ST.: 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Jessie Matthews

(Residence in Baltimore: No. 2804 Edmondson Ave St.: ..... yrs. 19 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	White	child.

6-DATE OF BIRTH Sept (Month) 12 (Day), 1913 (Year)

7-AGE 1 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Henry Matthews

11-BIRTHPLACE OF FATHER (State or country) Balto, Md.

12-MAIDEN NAME OF MOTHER Emma Benisch

13-BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Riland, Md.

(Address) 2532 Edmondson Ave.

15- MAY 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ....., 19.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb - 15, 1915, to ~~May~~ 3, 1915, that I saw h.. alive on ~~May~~ May - 3, 1915, and that death occurred on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) — yrs. 3 mos. — ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed), Chester Riland, M. D.

May 3 -, 1915 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	5/5 ....., 1915

20-UNDERTAKER	ADDRESS
William Cook	2020 North Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C85028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 C85028

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Miller

(Residence in Baltimore: No. 1112 Whitelock St.

St.; 2 yrs..... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Unk..... (Month) (Day) 1848 (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Miller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sadie Miller (?)

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J Levis

(Address)... 1414 E. Balto St

15 MAY 3 - 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 3 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1915, to May 3 1915, that I saw him alive on May 3 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, with ascites

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 2 ds.

(Signed) Edwin F. Davis M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1112 Whitelock St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 5/4, 191.5

20-UNDERTAKER Joak Levis

ADDRESS 1414 E. Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85029

CERTIFICATE OF DEATH.

120

C85029

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Eutaw Place, St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M.Hollander,

(Residence in Baltimore: No. 1920 Eutaw Place, St.; 40 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White,	Married,

6-DATE OF BIRTH, Aug. (Month) 7th. (Day), 1865 (Year)

7-AGE.	If LESS than 1 day,
49 yrs. 8 mos. 25 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paints & Varnish
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant,

9-BIRTHPLACE, (State or Country). Uniontown,Pa.,

PARENTS.

10-NAME OF FATHER, Meyer Hollander,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosamond Myers,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr.J.Hollander.

(Address) 1708 Eutaw Place,

15- Filed MAY 3 - 1915, 191.. ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2., (Day) 1914 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1910, to May 2 1915, that I saw h.t.m alive on May 2 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. L. Heyd M. D.

May 2., 191.5 (Address) 1814 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Har Sinai	May 4th., 191.5.

20-UNDERTAKER	ADDRESS
David Sondheim	1128 W. Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

James C. Rosebery.

085030 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 085030

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W 34th St.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C Rosebery.

(Residence in Baltimore: No. 853 W 34th St. St.; 14 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March (Month) 7 (Day), 1852 (Year)

7-AGE, 63 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James H Rosebery

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret A Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. R. Rosebery

(Address) Rose Ga.

15- Filed MAY 3 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to May 3 1915, that I saw h alive on May 3 1915, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ——

(Duration) yrs. mos. ds.

(Signed) R.B. Nemeyer M. D.

5-3, 1915. (Address) 3643 Chesterfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Md. DATE OF BURIAL, May 5 1915

20-UNDERTAKER H. D. MacFall ADDRESS 3539 Gal Rd

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85031

CERTIFICATE OF DEATH.

1 20 C85031

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S W Cor Fulton and Franklin ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Clark.

(Residence in Baltimore: No. Home for Aged of the M.E Church St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1835 (Year)

7-AGE,	If LESS than 1 day.
80 yrs. ✓ mos. ✓ ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Rebekah Newshaw
Sp Superintendent
(Address) Home for Aged of the M.E.Ch

15- MAY 3 - 1915 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to May 2 1915, that I saw her alive on May 2 191, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

..... Nephritis Chronic
..... (Duration) 4 yrs. ✓ mos. ✓ ds.
CONTRIBUTORY (Secondary) Endocarditis
..... (Duration) 5 yrs. 2 mos. ✓ ds.
(Signed) Geo C. Shannon M. D.
May 3, 1915. (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem'l	5th, 1915
20-UNDERTAKER	ADDRESS
Geo J Smith	1000 W Fayette

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85032

CERTIFICATE OF DEATH

92 C85032
REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 W. Franklin ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Geary

(Residence in Baltimore: No. 1208 W. Franklin St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 25 (Day) 1847 (Year)

7-AGE: 68 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Geary

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Sheehan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M^rs Geary

(Address) 1208 W. Franklin St

15- FILED MAY 3 - 1915, 191... KEMP C. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28, 1915 to May 1st 1915, that I saw him alive on May 1st 1915, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ✓ yrs. ✓ mos. 4 ds.

Contributory (SECONDARY)

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) Henry C. Uhle M.D.

May 1st 1915 (Address) 1203 W. Fayette St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 5-4-1915

20-UNDERTAKER: Henry Brauning Son — ADDRESS 617 N. Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85033

CERTIFICATE OF DEATH.

64

C85033

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 678 W Baltimore ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David A Vaucat

(Residence in Baltimore: No. 678 W Baltimore St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, October 16, 1 (Month) (Day) (Year)

7-AGE, 22 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Wyoming

PARENTS.

10-NAME OF FATHER, Wm Rush

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Vaucat

(Address) 678 W Balto St

15- Filed MAY 3 - 1915, 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 2 1915, that I saw him alive on May 2. 1915, and that death occurred, on the date stated above, at 5 2 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Myer A Weinberg M. D.

May 3 1915. (Address) 1804 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D C. DATE OF BURIAL, May 5., 1915

20-UNDERTAKER, Ralf D Turner ADDRESS Bridge Chicago

Spec.—8-24-14—M. & T.—2000 Bks.

C85034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85034

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N Carrollton Ave 18 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J Driscoll

(Residence in Baltimore: No. 312 N. Carrollton Ave St.) 34 yrs., 4 mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January (Month) 2 (Day), 1881 (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 4 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Driscoll

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ellen McSweeney

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Driscoll

(Address) 312 N. Carrollton Ave

15- MAY 4 - 1915 ROBERT . KRAUTER,
Filed ..... 191 Burial Permit ..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 1 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1915, to May 1 1915, that I saw h.. alive on May 1 1915, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M A O'Neill M. D.

May 3, 1915. (Address) 108 N Dutton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, May 4, 1915.

20-UNDERTAKER John A. Moran ADDRESS Bank & Ann Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

C85035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C85035

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 New St ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ophelia Shorter

(Residence in Baltimore: No. 415 New St

St.; 36 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1869 (Year)

7-AGE. 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harrisburg, Pa

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Shorter

(Address) 415 New St.

15- Filed MAY 4 - 1915 HARRY O ANDREWS, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-25- 1915, to 5-1- 1915, that I saw h[illegible] alive on " 191 and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. 3 mos. ds.

(Signed) F. M. Cardozo M. D.

5-3-1915 (Address) 1524 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville — DATE OF BURIAL, May 4, 1915

20-UNDERTAKER Samuel F. Hemley — ADDRESS 579 N. Biddle St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85036 — CERTIFICATE OF DEATH. — 61 C85036

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Carrington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence V. La Barre.

(Residence in Baltimore: No. 1447 Carrington. St.; ..... yrs., 8 mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single.

6-DATE OF BIRTH: August (Month) 16. (Day), 1914. (Year)

7-AGE: 0 yrs. 8 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Walter H. LaBarre.

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Irene J. Dorsman

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter H. La Barre.

(Address) 1447 Carrington St

15 MAY 4 - 1915 Filed ..... 191.. ROBERT C. ANDREWS, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3. (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl. 25 1915, to May 3 - 1915 that I saw her alive on May 2 1916, and that death occurred, on the date stated above, at 8 30 A.m.

The CAUSE OF DEATH* was as follows:

Epidemic cerebro-spinal meningitis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Fitts M. D.

May 3., 1915. (Address) 4239 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 5., 1915.

20-UNDERTAKER Edw. L. Fanning ADDRESS 1960 Battery Av

C85037

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 64 C85037

1-PLACE OF DEATH Hebrew Hospital — REGISTERED No. C.....

CITY OF BALTIMORE: (No. East Monument St St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles Ward

(Residence in Baltimore: No. ~~Frankstonville Md~~ Bradshaw Md, St.; 5 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~ X

6-DATE OF BIRTH: unknown (Month) ..... 1 (Day) ..... (Year)

7-AGE: 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W J Tuckey

(Address) Woodlawn Md

15- MAY 4 - 1915 1915 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1915, to, May 3 1915, that I saw h.. alive on May 3 1915, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

~~Post Operative Shock~~

Edema of Left Frontal Lobe - Epilepsy

(Operation ..... Date of operation .....) (Duration) 15 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Shock

(Duration) ..... yrs. ..... mos. 4 hours

(Signed) M. B. Levin M. D.

5/3 1915 [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 5 ds. In the State 53 yrs. ..... mos. - ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence Frankstonville, Md.

19-PLACE OF BURIAL OR REMOVAL: Bradshaw Md — DATE OF BURIAL: May 4 1915

20-UNDERTAKER: W J Tuckey — ADDRESS: Woodlawn Md

Spec.—5-19-15—M. & T.—500 Bks.

C85038

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85038

CERTIFICATE OF DEATH.

REGISTERED NO. C 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 N Monroe ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Isaacs

(Residence in Baltimore: No. 1910 N. Monroe St St.; 55 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 26 1849, 1 (Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, Solomon Isaacs

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Dorothea Loew

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H M Isaacs

(Address) 1910 N. Monroe St

15- Filed MAY 4 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3rd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 29 1915, to May 3 1915, that I saw h em alive on May 3 1915, and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Ac. Articular Rheumatism

(Duration) ....yrs. ....mos. 35 ds.

CONTRIBUTORY (Secondary) Ac Cardiac Dilatation

(Duration) ....yrs. ....mos. 2 ds.

(Signed) W D Olmstead M. D.

5/4, 1915. (Address) 1816 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom Cem — DATE OF BURIAL, May 5, 1915

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Madison

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85039 — 28 C85039

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. Eye, Ear & Throat Hosp. ST. OR WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arlington Thompson, Colored

(Residence in Baltimore: No. 1524 N Mount St.; 1 yrs. 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. 1, 1913 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Wm. James Thompson

11-BIRTHPLACE OF FATHER (State or country): Ind.

12-MAIDEN NAME OF MOTHER: Edith Curby

13-BIRTHPLACE OF MOTHER (State or country): Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. A. Thompson

(Address) 1524 N. Mount St.

15. Filed MAY 4 - 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 2, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1915, to May 2 1915, that I saw h[illegible] alive on May 1, 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

T. B. Pneumonia

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm. Ellingwood M. D.

5/2, 1915 (Address) 620 N. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State 1 yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1524 N Mount St

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: May 3, 1915

20-UNDERTAKER: Barnes & Campbell — ADDRESS: 134 Mosher St.

Spec.—8-24-14—M. & T.—2000 Bks.

C85040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C85040

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Monahan

Residence in Baltimore: No. 2715 Elliott St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Not Known ....., ... (Month) (Day) (Year)

7-AGE: 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Monahan

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew J. Phelan

(Address) 3411 Towanda Ave

15- MAY 4 - 1915

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to May 3 1915, that I saw h im alive on May 3 1915, and that death occurred, on the date stated above, at 1 35 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza, Uremic Poisoning.

(Duration) — yrs. — mos. 5 ds.

(Signed) J. W. Kinston Cleft M. D.

May 3, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 18 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 2715 Elliott St.

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL, May 4, 1915.

20-UNDERTAKER: Cooley

ADDRESS 38 N. Fulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C85041

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 602 N Milton ave ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen F Moore

(Residence in Baltimore: No. 602 N Milton Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 18th, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James Dutton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Kate Douglas

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Griffon daughter

(Address) 602 N. Milton Ave

15-

FILED MAY 4 - 1915 191... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah J. Emerich M. D.
(Coroner.)

May 3rd 1915 (Address) 423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Almonds Wharf Va. DATE OF BURIAL, May 4 1915

20-UNDERTAKER Philip Herwig ADDRESS 2015 Orleans St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85042 HEALTH DEPARTMENT—CITY OF BALTIMORE 105 C85042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Halmemann General Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1122 N. Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Janice Hemp Keys

(Residence in Baltimore: No. 626 N. Bruce St.; 20 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Middlesex Co. Va.

PARENTS.

10-NAME OF FATHER, Carter Keys

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hanna Reed

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thomas Keys

(Address)..... 626 N. Bruce St.

15- Filed MAY 4 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st, 1915, to May 2nd, 1915, that I saw him alive on May 2nd, 1915, and that death occurred, on the date stated above, at M. P.m.

The CAUSE OF DEATH* was as follows:

Acute Gastric Hemorrhage
from Gastro-duodenal
ulcer
Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Perforating Duodenal ulcer Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Clark ..... M. D.

May 3rd, 1915. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 626 N. Bruce St.

Former or usual residence 626 N. Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Middlesex Co Va — DATE OF BURIAL, May 4th, 1915.

20-UNDERTAKER Felix B. Pyfe — ADDRESS 102 E. Mulberry St.

C85043 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C85043

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 510 E Fort Ave ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Perkins

(Residence in Baltimore: No. 510 E Fort Ave St.; 37 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, May 22, 1838
(Month) (Day) (Year)

7-AGE, 76 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, William Perkins

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Flora Butler

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Laffin

(Address) Rosyberry Md

15- MAY 4 - 1915 MARY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) Eden Gravatt M. D.
(Coroner.)

May 6, 1915. (Address) 517 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olive Cem	May 5, 1915
20-UNDERTAKER	ADDRESS
H. A. Dawson & Son	1131 Eight St

Spec.—5-19-13—M. & T.—500 Bks.

C85044 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85044

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 Colvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hayes

(Residence in Baltimore: No. 257 Colvin St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 47 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Hayes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Hayes

(Address) 911 N. Dallas St

15- Filed MAY 4 - 1915, 191. MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1915, to May 3 1915, that I saw h[illegible] alive on May 2 1915, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward Fisher M. D.

May 3, 1915 (Address) 1412 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 6, 1915

20-UNDERTAKER Theodore White ADDRESS 1702 Lough St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

C85045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C85045

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Collington Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Gabriel

(Residence in Baltimore: No. 14 S Collington Ave. St.; ...yrs.,... mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, May 1, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
...yrs...mos. 3 da.	...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George E. Garner

11-BIRTHPLACE OF FATHER (State or Country), Solomons Md.

12-MAIDEN NAME OF MOTHER Bessie Garner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Garner

(Address) Solomons Maryland

15- Filed MAY 4 - 1915 EARLY O. ANDREWS, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915 to May 3 1915, that I saw her alive on May 3 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Disease)

(Duration) ...yrs...mos...3...da.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...da.

(Signed) G. G. Rusk M. D.

May 4 1915 (Address) Lowe & Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Calvert County Md	May 4..., 1915
20-UNDERTAKER Randall Hyfield & Son	ADDRESS 57 S Carey St

Spec.—8-24-14—M. & T.—2000 Bks.

C85046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×32 C85046

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas McLloyd

(Residence in Baltimore: No. Mitchellville Md St.: —yrs.,—mos.—ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Lloyd.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary E Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Taylor

(Address) Annapolis Md

15- Filed MAY 4 - 1915, 191... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1915, to May 3 1915, that I saw h— alive on May 3rd 1915, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Nephritis 6 Uremia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Aorta

(Duration) 1 yrs. 8 mos. ds.

(Signed) R. L. Johnson M. D.

May 4, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 5 mos. 15 ds. In the State 52 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Mitchellville Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Annapolis Md	May 4 1915
20-UNDERTAKER Geo M. Frick	ADDRESS 811 N Howard

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85047 113 C85047

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1205 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Green

(Residence in Baltimore: No. 1205 Harlem Ave. St.: 25 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1837 (Year)

7-AGE, 78 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgine Erb

(Address) 1205 Harlem Ave

15- Filed MAY 4 - 1915, 191.....

HARRY O. ARIENS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31st 1915, to May 2nd, 1915, that I saw him alive on May 2nd, 1915, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Of years standing

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver of

(Duration).....yrs.....mos.....ds.

(Signed) Eldridge C. Jones M. D.

May 4th, 1915. (Address) 1012 Madison Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Home Burial

DATE OF BURIAL, May 5, 1915

20-UNDERTAKER J. C. Bielitz

ADDRESS 1107 N. Pine St

Spec.—5-19-13—M. & T.—500 Bks.

C85048

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85048

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (Maryland General Hospital St.; ....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Cottrell

(Residence in Baltimore: No. 632 Vine St St.; —yrs.,—mos.—ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day.
60 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer (Civil)
(b) General nature of industry, business, or establishment in which employed (or employer). X

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Granville Cottrell

11-BIRTHPLACE OF FATHER (State or Country), Granville Cottrell X

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Commodore

(Address) Arlington Virginia

15- MAY 4 - 1915 Filed ..... 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 2 1915, that I saw him alive on May 2 1915, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Edema of Lung X

(Edema Interstitial Pulmonic)

(Duration) — yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) — yrs. 1 mos. 2 ds.

(Signed) John A. Fenby M. D.

5/2 1915 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 632 Vine St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cemetery	May 5th 1915
20-UNDERTAKER	ADDRESS
Felix B. Pyle.	122 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

C85049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 7 4 C85049

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Socak

(Residence in Baltimore: No. 711 E Pennington Ave, Curtis Bay, Md. 6 yrs., 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... March (Month) ..... 1 (Day) ..... 1 (Year)

7-AGE, 4 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Paul Socak

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Theresa Tere

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Secy Mercy Hosp

(Address) Colvert St.

15 MAY 4 - 1915 HARRY O ANDREWS, Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 4 (Day) ..... 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to May 4 1915, that I saw h[illegible] alive on May 4 1915, and that death occurred, on the date stated above, at 7.55 m.

The CAUSE OF DEATH* was as follows:

..... Brain Tumor

..... (Probably Primary)

..... (Duration) Did not Rem yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. mos. ds.

(Signed) Edward C Smith M. D.

May 4, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Curtis Bay Md.

Former or usual residence Curtis Bay, Md.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, May 7., 1915.

20-UNDERTAKER Frank Cook Son — ADDRESS 1904-6 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

C85050 HEALTH DEPARTMENT—CITY OF BALTIMORE C85050

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 506 Sharte ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Szczesniak

(Residence in Baltimore: No. 506 S Eutaw St.; 20 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 45. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Vincent Szczesniak

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josefa Szczesniak

(Address) 506 S Eutaw St

15- Filed MAY 4 - 1915, 191 HARRY G. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 3, 1915, that I saw h[illegible] alive on May 3, 1915, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wolenberg M. D.

May 3, 1915 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 5, 1915

20-UNDERTAKER Frank Crach & Son — ADDRESS 1904 E Baltimore

C85051

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 C85051

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. # 2 Clipper Height ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Fisher

(Residence in Baltimore: No. # 2 Clipper Height St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 27 (Day), 1838 (Year)

7-AGE: 77 yrs. ... mos. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Forman in cotton
(b) General nature of industry, business, or establishment in which employed (or employer): mills

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: Christifer Fisher

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Elspeth Tilliams

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Geo. Benson

(Address) 3606 Roland Ave.

15- MAY 4 - 1915 Filed ..., 191... ROBERT . KRAUTER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4th. (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21st, 1915, to, May 3rd 1915, that I saw h.. alive on May 3rd 1915, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Cutaneous Bronchitis
hastened by infirmities of age

(Duration) ... yrs. one mos. 3 ds.

Contributory (SECONDARY) Exposure to Changes of weather

(Duration) ... yrs. one mos. day ds.

(Signed), Geo H Benson M. D.

May 4th, 1915 [Address] 2132 5th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 8 1915

20-UNDERTAKER: A. S. Marshall — ADDRESS: 3539 Fall. Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85052

CERTIFICATE OF DEATH.

64 C85052

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Portland ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria A Schmaltz.

(Residence in Baltimore: No. 647 Portland St. St.; 63 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, January 21st, 1828
(Month) (Day) (Year)

7-AGE, 87 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Artes F.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Schmaltz

(Address) 947 E. Gay St.

15- FILED MAY 4 - 1915 ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 5 1915, that I saw her alive on May 3 191, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Senile Exhaustion

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Boyd M. D.

May 5, 191 5 (Address) 602 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 5th, 1915.

UNDERTAKER Phillips John H. Leinfel

ADDRESS 810 W Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WHITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85053

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C85053

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1914 Edmondson Ave St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen G. Owens.

(Residence in Baltimore: No. 1914 Edmondson Ave St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 8 (Day), 1855 (Year)

7-AGE: 59 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or —— min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Pressman
(b) General nature of industry, business, or establishment in which employed (or employer): Printer

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: James S. Owens

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Betty Worthington

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Catherine L. Owens

(Address) 1914 Edmondson Ave

15. MAY 4 - 1915 (Filed) ROBERT . KRAUTHER, Burial Permit Clerk. (191) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 191 , to May 3 1915, that I saw h[illegible] alive on May 1, 1915, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

About X (Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) General debility

(Duration) — yrs. 3 mos. — ds.

(Signed), Chas. C Conser M. D.

May 3, 191 5 (Address) 1101 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: May 5, 1915

20-UNDERTAKER: [illegible] Sons — ADDRESS: Remo Md

C85054

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85054

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No 206 W Chase ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Johns

(Residence in Baltimore: No. 206 W Chase Sex F Col W 61 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female — 4-COLOR OR RACE Colored — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH unknown ... (Month) ... (Day) ... 1 (Year)

7-AGE About 61 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work — House Work
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE (State or country) Balt city Md

PARENTS

10-NAME OF FATHER James Smith

11-BIRTHPLACE OF FATHER (State or country) Balt city Md

12-MAIDEN NAME OF MOTHER Harriett Dorsel

13-BIRTHPLACE OF MOTHER (State or country) Balt city Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Johns

(Address) 206 W Chase St

15- MAY 5 - 1915 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1915, to, May 2 1915, that I saw h[illegible] alive on May 1 1915, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 2 yrs ... mos ... ds.

Contributory (SECONDARY) Cardiac Dilatation

(Duration) ? yrs ... mos ... ds.

(Signed) H. S. McCardell M. D.

May 3, 1915 [Address] 2005 O'Sullivan

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL May 5 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Rear

N. B.—Every item of information should be carefully supplied. A[illegible] ed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C85055

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Hisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob A. Hisnall

(Residence in Baltimore: No. 1538 Hisquith St. St.; 10 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. about not known (Month) (Day) 1 (Year)

7-AGE. 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Hisnall

11-BIRTHPLACE OF FATHER (State or Country), Ger. Pa.

12-MAIDEN NAME OF MOTHER Eliza Harker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Strawbridge

(Address) 1538 Aisquith St

15- Filed MAY 5 - 1915 191.. HEALTH DEPARTMENT Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30th 1915, to May 3rd 1915, that I saw him alive on May 3rd 1915, and that death occurred, on the date stated above, at 11 A.M. m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

Probably Luetic (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Hernia

(Duration) yrs. mos. ds.

(Signed) Lemuel McC. Parker M. D.

May 5th, 191.. (Address) 1051 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, May 6th, 191.5

20-UNDERTAKER Henry Hock Son — ADDRESS 1501 E Eager St

FEE TY

C85056

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C85056

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 924 Leadenhall St.; 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy D Woodland

(Residence in Baltimore: No. 924 Leadenhall St.; ... yrs. ... mos. ... ds.)

Wife of H. Bruce Woodlow

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	colored	Married

6-DATE OF BIRTH: Nov. (Month) 3 (Day), 1883 (Year)

7-AGE: 31 yrs. 6 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: James H. Woodland

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Makala Martin

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Woodland

(Address) 924 Leadenhall St.

15. Filed MAY 5 - 1915, 191 MARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1915, to May 3 1915, that I saw h.d. alive on May 3, 1915, and that death occurred, on the date stated above, at 3.10 P. m.
The CAUSE OF DEATH* was as follows:

Bronchitis (C.B.)

(Duration) ... yrs. ... mos. 28 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) ... yrs. ... mos. 2 3 ds.

(Signed) O. H. Tardiff M. D.

May 4, 1915. (Address) 714 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn Cem	May 6, 1915
20-UNDERTAKER John H. Tardiff	ADDRESS 1424 W. Hill St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH STRADING INK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85057

CERTIFICATE OF DEATH.

28 C85057

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Dolphin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gates

(Residence in Baltimore: No. 633 Dolphin st St.; 47 yrs.,.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 6, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Roy Yates

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Parthenia Fox

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Yates

(Address) 633 Dolphin St

15- MAY 5 - 1915 HARRY O. ANDREWS,
Filed..... 191 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 10 1914, to May 3 1915, that I saw him alive on May 2, 1915, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 4 mos. ds.

(Signed) W. Grant Scott M. D.

May 4, 1915. (Address) 2154 W. Biddle st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn May

DATE OF BURIAL, May 5, 1915

20-UNDERTAKER George T. A. Gibson

ADDRESS 533 Dolphin st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85058

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 C85058

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ettie Orndorff

(Residence in Baltimore: No. 4320 Park Heights Ave St.; 60 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 6 (Day), 1854 (Year)

7-AGE, 60 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Wm. W. Orndorff

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Ridgley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St.

15- Filed MAY 5 - 1915, 191... MARRY O. ... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1915, to May 4 1915, that I saw h[er] alive on May 4 1915, and that death occurred, on the date stated above, at 3:05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Operation + Microscopical Exam of Specimen (Duration) Days Mos. Yrs. Don't Know ds.

CONTRIBUTORY (Secondary)

..... (Duration) 0 Yrs. mos. ds.

(Signed) Edward J. Senft M. D.

May 7, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 16 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 4320 Park Heights Ave

Former or usual residence 4320 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem	May 5 ..., 191...
20-UNDERTAKER	ADDRESS
Wm Cook	819 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85059

CERTIFICATE OF DEATH.

104 C85059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Key

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 9th (Day), 1914 (Year)

7-AGE, ...yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15- MAY 5 - 1915 MARY O. ANDREWS
Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to May 3rd 1915, that I saw h[illegible] alive on May 3rd 1915, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Acute iliocolitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Elmer G. Hall M. D.

....., 191... (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 7 mos. 26 ds. In the State ....yrs. 7 mos. 26 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 5, 1915

20-UNDERTAKER A. Fahey E. Sousa — ADDRESS 606 Lafayette Ave

N. B.—Every item of information should be carefully supplied. Age must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85060

CERTIFICATE OF DEATH.

170 C85060

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 Saratoga ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Shekels

(Residence in Baltimore: No. 748 Saratoga St.: ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 4, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day. ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Morton V. Hubbard

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Manda Wright

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. P. Schekels

(Address) 748 W. Saratoga

15- Filed MAY 5 - 1915, 191... HARRY O. ANDREWS, Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5. 4. 1915, to 5. 4. 1915, that I saw h[er] alive on 5. 4. 1915, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

Interstitial Nephritis

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

5. 5., 1915. (Address) 679 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, May 6, 1915

20-UNDERTAKER Josiah Lyford ADDRESS 1600 W. Pratt

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85061

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 39 C85061

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lindsay Garrett

(Residence in Baltimore: No. Salisbury N.C. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown ..... (Month) ..... (Day) ....., ... (Year)

7-AGE: 63 — yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Farmer —
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): U S A.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hugh Garrett

(Address) Salisbury N. C.

15- MAY 5 - 1915 191 MARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27, 1915, to May 4 1915, that I saw h.im alive on May 4 1915, and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

Operation + Microscopic Exam.

No postmortem.

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Pneumonia Jaw

..... (Duration) ..... yrs. 4 mos. — ds.

(Signed), Isadora Zadek M. D.

May 4, 1915 [Address] City Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Salisbury N. C.

19-PLACE OF BURIAL OR REMOVAL: Salisbury N. C. DATE OF BURIAL: May 6th 1915

20-UNDERTAKER: E. M. Underwood ADDRESS: 1616 E Chase

Spec.—5-19-13—M. & T.—500 Bks.

C85062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C85062

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S W. Cor Fulton and Fountain ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Kemp Sullivan

(Residence in Baltimore: No. Home for the Aged of the M.E Church St.; 57 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... ✓ (Month) ..... 4 (Day), 1831 (Year)

7-AGE, 84 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Talbot County Md.

PARENTS.

10-NAME OF FATHER, Joseph Kemp.

11-BIRTHPLACE OF FATHER (State or Country). England.

12-MAIDEN NAME OF MOTHER Alice Ridgaway

13-BIRTHPLACE OF MOTHER (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Rebekah Newman Supt.

(Address) Methodist Home for aged

15- Filed MAY 5 - 1915, 191.... MARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 3 1915, to May 4 1915, that I saw her alive on May 2 1915, and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 5 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary). Inanition.

(Duration) 5 yrs. 2 mos. ✓ ds.

(Signed) Geo E Shannon M. D.

May 5, 1915. (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. 10 mos. ✓ ds. In the State 57 yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death?

Former or usual residence S W Cor Fulton and Franklin Sts

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	May 7, 1915
20-UNDERTAKER	**ADDRESS**
George J. Smith	Lafayette st.

N. B.—Every item of information should be carefully supplied. AGE should be correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85063

CERTIFICATE OF DEATH

91

REGISTERED No. C85063

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1813 Hope St.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes G Creamer

(Residence in Baltimore: No. 1813 Hope St.: — yrs. 15 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 27, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Robt T Creamer

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Mary A Pepperseck

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt T Creamer

(Address) 1813 Hope St

15. MAY 5 - 1915 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 4, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1915, to May 4 1915, that I saw h— alive on May 4, 1915, and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Heart failure

(Duration) yrs. mos. 2 ds.

(Signed) R G Davis M. D.

May 4, 1915 (Address) 1573 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: May 7th 1915

20-UNDERTAKER: George J. Ruth

ADDRESS: 1736 Harford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH BURIAL PERMIT ATTACHED, TO BE GIVEN TO UNDERTAKER

C85064 HEALTH DEPARTMENT--CITY OF BALTIMORE C85064

CERTIFICATE OF DEATH

151

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 456 Brunswick St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sorina Barbara Hardy

(Residence in Baltimore: No. 456 Brunswick St. St.: ..... yrs. ..... mos. 11 ds.)

WHITE PLAINLY. WITH UNFADING INK.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 24, (Day) 1915 (Year)

7-AGE: ..... yrs. ..... mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Harry Hardy

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Lula Hill

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lula Hardy

(Address) 456 Brunswick

15. MAY 5 - 1915 HARRY O. ANDREWS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1915, to May 4 1915, that I saw h-- alive on May 4 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Premature birth (cause)

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Insanity

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) Norman Kiy Wilson M.D.

May 5, 1915 (Address) 535 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery.	May 5 -, 1915.
20-UNDERTAKER	ADDRESS
Geo. L. Schwartz Bro.	2101 Frederick Ave

Spec.—5-19-13—M. & T.—500 Bks.

C85065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C85065

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Essex ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Alfred Kulisiewicz

(Residence in Baltimore: No. 2221 Essex St.: 1 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feby. (Month) 23" (Day), 1914. (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimor Md.

PARENTS.

10-NAME OF FATHER, Anton Kulisiewicz.

11-BIRTHPLACE OF FATHER (State or Country), Austria Galicia

12-MAIDEN NAME OF MOTHER Karolina Pragrowska

13-BIRTHPLACE OF MOTHER (State or Country). Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karolina Kulisiewicz

(Address) 2221 East St

15- MAY 5 - 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 1915, to May 5 1915, that I saw him alive on May 4 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Bronchial)

(Duration)...yrs...mos. 5 ds.

CONTRIBUTORY (Secondary) /

(Duration)...yrs...mos...ds.

(Signed) John H. Rehberger M. D.

May 5, 1915. (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary cem. DATE OF BURIAL, May 6...., 1915.

20-UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Conn St.

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45 C85066

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton M. Lindsay

(~~Residence in Baltimore~~ No. Warren Pa. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH June 8 (Month) (Day) 1841 (Year)

7-AGE 73 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Warren County, Pa

PARENTS

10-NAME OF FATHER Joseph Lindsay

11-BIRTHPLACE OF FATHER (State or country) Pennsylvania.

12-MAIDEN NAME OF MOTHER Kathryn Corson

13-BIRTHPLACE OF MOTHER (State or country) Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Fouts, M.D.

(Address) Johns Hopkins Hosp.

MAY 5 - 1915

Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 5 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1915, to, May 5 1915, that I saw h.im alive on May 4th 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia (Lobar)

Operation & Microscopic Exam

No Autopsy (Duration) ..... yrs 2 mos. 2 ds

Contributory (SECONDARY) Carcinoma of Rectum

(Duration) ..... yrs about 3 mos. ..... ds.

(Signed), William Fouts M. D.

May 5 1915 [Address] Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs — mos 44 ds. In the State ..... yrs ..... mos 44 ds.

Where was disease contracted, if not at place of death? Warren, Pa.

Former or usual residence Warren, Pa.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Warren Pa.	May 5 1915

20-UNDERTAKER Henry Perkins & Sons Co ADDRESS 1115 Park and Orchard Sts.

C85067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C85067

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 728 School street, ST.: 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Bond,

(Residence in Baltimore: No. 728 School street, St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, July (Month) 30th (Day), 1914. (Year)

7-AGE, 0 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James E. Bond, sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER, Ella Smothers,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Bond, mother,

(Address) 728 School street.

15- Filed MAY 5 - 1915, 191... NAME OF ADDRESS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
((Probably emphysema due to an attack of Pertussis some months ago))
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frederick K. Hemp M. D.
(Coroner.)

May 6th, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	May 7th, 1915
20-UNDERTAKER	ADDRESS
Chas. H. Crouch	1128 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85068

CERTIFICATE OF DEATH.

104

C85068

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Bank St. ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Umberto Biagio Francioni

(Residence in Baltimore: No. 1429 Bank St. St.; ..... yrs., ... mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. April 5, 1915
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. 29 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. Camillo Francioni

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Luigia Tomassoni

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Camillo Francioni

(Address) 1429 Bank St

15 MAY 5 - 1915 HARRY O. ANDREWS, Filed ....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1915, to May 4 1915, that I saw him alive on May 3 1915, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Hem Colitis

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Wm. D'Alessandro M. D.

May 5, 191.5 (Address) 1429 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	May 5, 191.5
20-UNDERTAKER	ADDRESS
Tilly & Zeiler	403 S. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85069 C85069

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3672 Falls Road (St.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenora L. Bond

(Residence in Baltimore: No. 3672 Falls Road St.) (59 yrs. 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 17 (Day), 1855 (Year)

7-AGE, 59 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Edie Patterson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Kittie Meads.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chorazine Bear

(Address) 3672 Falls Road

15 MAY 5 - 1915 Filed....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th (Month) (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 3 191 5, to May 4 191 5, that I saw h Er alive on May 3rd 191 5, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency.
Mitral regurg, duration unknown

(Duration) Dont Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated hernia

(Duration) yrs. mos. ds.

(Signed) O Evans o'Kelly M. D.

5/5, 1915. (Address) 3703 Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Stewartstown Pa. DATE OF BURIAL, May 6, 1915

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Rd.

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C85070

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Oakley ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl A. Pleitt

(Residence in Baltimore: No. 2004 Oakley St.; 11 yrs., ~ mos., ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1904 (Year)

7-AGE, 11 yrs. ~ mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J. George Pleitt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Grace Slyder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Geo. Pleitt

(Address) 2004 Oakley St.

15- MAY 5 - 1915 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 3 1915, that I saw h.im alive on May 3 1915, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....Endocarditis

..... (Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary) Rheumatism

..... (Duration) 2 yrs. 6 mos. ...ds.

(Signed) Wm. H. Ford M. D.

May 4, 191 5 (Address) 737 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, May 6, 1915

20-UNDERTAKER Geo. W. Little — ADDRESS 531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85071

CERTIFICATE OF DEATH.

79 C85071

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Millington Lane W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Weidler

(Residence in Baltimore: No. 513 Millington Lane St.; 50 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 26, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 1 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Weidling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Stirny

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Rosenbergen

(Address) 513 Millington Lane

15- Filed MAY 5 - 1915 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1915, to May 3rd 1915, that I saw her alive on May 2nd 1915, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Myocarditis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) yrs. mos. 3 ds.

(Signed) Joseph E Geschwam M. D.

May 4 1915. (Address) 1576 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, May 6, 1915.

20-UNDERTAKER Robert J Turner

ADDRESS 1142 N Broadway

C85072

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C85072

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 305 S. Dallas ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Wright

(Residence in Baltimore: No. 305 S. Dallas St.: 7 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): N. Carolina

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): N. Carolina

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edw. Wright

(Address) 305 S. Dallas St

15. Filed MAY 5 - 1915, 191 ROBERT [illegible] KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 2nd, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October, 1914, to, May, 1915, that I saw h[illegible] alive on May 1, 1915, and that death occurred, on the date stated above, at 11 24 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pulmonary Phthisis

About (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) J. Albert Millon M. D.

5-5, 1915. (Address) 2723 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Auburn Cem | DATE OF BURIAL: May 6th, 1915

UNDERTAKER: Harry A Vodery | ADDRESS: 1725 Orleans St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85073

CERTIFICATE OF DEATH

151 C85073

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leander Jordan

(Residence in Baltimore: No. 1412 E Lexington St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr. (Month) 17 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Lee Jordan

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Annie Cook

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Asberry

(Address) J. H. Hosp.

15- Filed MAY 5 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 3 1915, that I saw h[illegible] alive on May 3 1915, and that death occurred, on the date stated above, at 2:40 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs ..... mos. 14 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Alma S Rothholz M. D.

May 3 1915 [Address] J. H. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 2 ds. In the State ..... yrs ..... mos 16 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1412 E Lexington St

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL | DATE OF BURIAL: May 5, 1915

20-UNDERTAKER: Dept. of Municipal Health. | ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85074

CERTIFICATE OF DEATH.

X 88 C85074

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hosp ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Blair

(Residence in Baltimore: No. Reisterstown Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 7, 1901 (Month) (Day) (Year)

7-AGE, 14 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Isiah Blair

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Mattie Alexandria

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruby Harris

(Address) St. George Baltimore Md

15- Filed MAY 5 - 1915 191 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3d, 191 5 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 191 5, to May 3d 191 5, that I saw h-r alive on May 3d 191 5, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hyperthyroidism

(Duration) 5 yrs. mos. ds.

(Signed) J. B. Carlson Jr. M. D.

5-3 191 5 (Address) Md Genl Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. 14

Where was disease contracted, if not at place of death? at home

Former or usual residence Reisterstown Md

19-PLACE OF BURIAL OR REMOVAL, St Lukes Reisterstown Md — DATE OF BURIAL, May 6 191 5

20-UNDERTAKER J F Eline — ADDRESS Reisterstown Md

N. B.—Every item of information called for should be carefully supplied, as it may be important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85075 **CERTIFICATE OF DEATH** 15 C85075

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 410 N. Lewis ST.; 5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Emrich

(Residence in Baltimore: No. 410 N. Lewis St.; ...yrs. ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Black	Sing'l

6-DATE OF BIRTH: May (Month) 2 (Day), 1915 (Year)

7-AGE: (yrs. mos. ds. — If LESS than 1 day, 1 hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: (
(b) General nature of industry, business, or establishment in which employed (or employer): (

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Charles Emrich

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Florence Diggs

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

15- Filed MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2, 1915, to, May 2, 1915, that I saw h.r alive on May 2, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (8 mos. fetus)

(Duration) (yrs (mos (ds.

Contributory (SECONDARY) (

(Duration) (yrs (mos (ds.

(Signed), C. D. Glass M. D.

May 3, 1915. [Address] J. H. H.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: MAY 5 - 1915, 191...

20-UNDERTAKER: Homewood Cemetery Co. — ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85076 HEALTH DEPARTMENT---CITY OF BALTIMORE 85076

CERTIFICATE OF DEATH

Registered No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Benson

(Residence in Baltimore: No. 836 Hamilton Terrace St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 8 (Day), 1914 (Year)

7-AGE: 1 yrs. 2 mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: John Benson

11-BIRTHPLACE OF FATHER (State or country): N.Y.

12-MAIDEN NAME OF MOTHER: Elsie Kamp.

13-BIRTHPLACE OF MOTHER (State or country): N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Benson

(Address) 836 Hamilton Terr.

15-MAY 5 - 1915 ROBERT . KRAUTER, Filed ..., 191... Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1915, to, May 5 1915, that I saw her alive on May 5 1915, and that death occurred, on the date stated above, at 4.24 m.

The CAUSE OF DEATH* was as follows:

(Lobar Pneumonia)
acute Pneumonia
(Duration) ... yrs ... mos. 19 ds.

Contributory (SECONDARY): Measles
(Duration) ... yrs ... mos. ... ds.

(Signed), G. A Barbee M. D.

May 5 1915 [Address] 836 Hamilton Terr.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos 19 ds. In the State ... yrs 14 mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 836 Hamilton Terrace

19-PLACE OF BURIAL OR REMOVAL: Bolton Cemetery — DATE OF BURIAL: May 7 1915

20-UNDERTAKER: J Herring & Co — ADDRESS: 2008 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85077

CERTIFICATE OF DEATH.

79 C85077

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 876 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Collins

(Residence in Baltimore: No. 876 Sterling St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Collins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wm. H. Collins .....

(Address) ..... 876 Sterling St. .....

15- Filed MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 4 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1915, to May 4 1915, that I saw h[illegible] alive on May 3 1915, and that death occurred, on the date stated above, at 10,30 m.

The CAUSE OF DEATH* was as follows:

..... (a) .....
..... Cardiac Insufficiency .....
..... (b) .....
Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Heart Failure .....
May 4 (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... Edward Perkins ..... M. D.

May 4, 1915. (Address) 1617 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Hill Cemetery	May 7 1915.
20-UNDERTAKER	ADDRESS.
Chas G Bailey	1721 Edmondson Ave

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85078

CERTIFICATE OF DEATH.

78 C85078

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hilton

(Residence in Baltimore: No. 128 N. Gay St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Unknown

6-DATE OF BIRTH, Unknown (Month), (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
about 45 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Records.

(Address)

15 MAY 5 - 1915 ROBERT . KRAUTER,

Filed ....., 191... Burial Permit Clerk. Commissioner Health

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month), 28 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) H. K. Chambers M. D. (Coroner.)

May 3, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
	May 5, 1915
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.

FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C35079 **CERTIFICATE OF DEATH.** 28 C35079

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fevering House ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Frakson

(Residence in Baltimore: No. Fevering House. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp. Dispensary Records

(Address).....

MAY 5 - 1915 Filed....., 191.....

ROBERT GRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, ~~autopsy~~ or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lymphysema

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Tuberculosis, Pulmonary.

..... (Duration).....yrs.....mos.....ds.

(Signed) Thos. H. Saunders M. D. (Coroner.)

April 30, 1915. (Address) 13 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAY 3- 1915

20-UNDERTAKER ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

UNIVERSITY OF MARYLAND

Spec.—5-19-13—M. & T.—500 Bks.

Mamie J. Faller.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85080

CERTIFICATE OF DEATH.

40 C85080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Hollins ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie J. Faller

(Residence in Baltimore: No. 1125 Hollins St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	White	Married

6-DATE OF BIRTH, April (Month) 12 (Day), 1881 (Year)

7-AGE, 34 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Houseke
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Wallis

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER A. C. Crompsell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Faller

(Address) 1120 Hollins St.

15- MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1915, to May 3 1915, that I saw h-e alive on May 3rd 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

No operation

Marasmus Exhaustion 2 yrs. mos. ds. (Duration)

CONTRIBUTORY (Secondary) Cerebro Intoxication

(Duration) yrs. mos. 2 ds.

(Signed) E. V. Cookelaar M. D.

May 4, 1915. (Address) 744 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 6, 1915

UNDERTAKER John J. Fields ADDRESS 1202 W. Lombard

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Karl H Dowdoff

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85081

CERTIFICATE OF DEATH.

91 C85081

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S. East Lynn St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl H Dowdoff.

(Residence in Baltimore: No. 423 S. East Lynn St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 7 (Month) (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 10 mos. 26 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baeto

PARENTS.

10-NAME OF FATHER, Herman Dowdoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbora Ent

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Dowdoff

(Address) 423 S. East Lynn St

15- Filed MAY 5 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 5 1915, that I saw him alive on May 4 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Contributory (Secondary) Influenza (Duration) ....yrs. ....mos. 1 ds.

(Signed) W. A. McKenney M. D.

May 5, 191... (Address) 427 East Lynn St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 7th, 1915.

20-UNDERTAKER Charles H. Dill ADDRESS 317 Frederick Ave

N. B.—Every item of information should be carefully supplied. Each item should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wm J Kearney.

C85082

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C85082

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1925 N. Payson ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Kearney

(Residence in Baltimore: No. 1925 N. Payson St.: 55 yrs. 5 mos. 23 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: December 12, 1859 (Month) (Day) (Year)

7-AGE: 55 yrs. 5 mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Kearney

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Shorten

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace Kearney

(Address) 1925 N Payson St

MAY 5 - 1915 Filed ..., 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1915, to May 4 1915, that I saw ~~him~~ alive on May 3, 1915, and that death occurred, on the date stated above, at 9.05 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY) Dilation of Heart

(Duration) ... yrs. ... mos. 10 ds.

(Signed) Wm. Grant M. D.

May 4, 1915. (Address) 1925 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: May 7, 1915

20-UNDERTAKER: H. C. Wiedefeld

ADDRESS: 914 Greenmt Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85083

109 C85083

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lying Hopkins Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dulbra Cosgrove.

(Residence in Baltimore: No. 1016 S. Kenwood Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female.	White	Married

6-DATE OF BIRTH Dec (Month) 26 (Day) 1894 (Year)

7-AGE 20 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland.

PARENTS

10-NAME OF FATHER Harry Benser

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Maggie Armistead

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. B. Cosgrove

(Address) 1016 S. Kenwood Ave.

15- MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 3 1915, that I saw her alive on May 3 1915, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Due) X

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Local Peritonitis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Isadore Zader M. D.

May 3, 1915 [Address] J. H. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 2 ds. In the State 20 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1016 S. Kenwood Ave.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oaklawn	May 6, 1915
20-UNDERTAKER Jenkins & Jenkins	ADDRESS 1737 E. Eager

C85084

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

138 C85084

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1908 Canton Ave ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Sztaski

(Residence in Baltimore: No. 1908 Canton Ave St.; 19 yrs. 4 mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan. (Month) 1 (Day) 1896 (Year)

7-AGE: 19 yrs. 4 mos. 4 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Baltimore.

PARENTS

10-NAME OF FATHER: Kazmierz Janczak.

11-BIRTHPLACE OF FATHER (State or country): Russian Poland.

12-MAIDEN NAME OF MOTHER: Frances Janczak.

13-BIRTHPLACE OF MOTHER (State or country): Russian Poland

14-THE ABOVE IS (TRUE) TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Sztaski

(Address) 1908 Canton Ave

15- Filed MAY 5 - 1915 ROBERT . BRAUNE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 4 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2d, 191..., to, May 4 1915, that I saw her alive on May 4 1915, and that death occurred, on the date stated above, at 4A.M. The CAUSE OF DEATH* was as follows:

Uremia
Eclampsia - Puerperal
(Duration) ... yrs ... mos. 14 hrs
Contributory (SECONDARY) Pulmonary Edema
(Duration) ... yrs ... mos. 10 hrs.

(Signed) H. Hamaszek M. D.
May 4 1915 (Address) 2431 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: May 6 1915

20-UNDERTAKER: William Fialkowski ADDRESS: 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85085

CERTIFICATE OF DEATH.

x64C85085

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian H. Fields

(Residence in Baltimore: No. La Grange N. C. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, (MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. April 30, 1883 (Month) (Day) (Year)

7-AGE. 32 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Lenoir County N. C.

PARENTS.

10-NAME OF FATHER. W. M. Fields

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER Flora E. Moore

13-BIRTHPLACE OF MOTHER (State or Country) Lenoir Co NC,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. H. Hodges

(Address) La Grange N. C.

15- Filed MAY 5 - 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1915, to May 5 1915, that I saw h.. alive on May 5 1915, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) ....yrs. 8 mos. ....ds.

(Signed) J. H. Hodges M. D.

5-5, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? North Carolina

Former or usual residence La Grange N. C.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
La Grange N. C.	May 5, 1915
20-UNDERTAKER Pettet Stock	ADDRESS 109 N. Eutaw St

N. B.—CAUSE OF DEATH must be certified to carefully and explicitly. Avoid indefinite terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85086

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C85086

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 818 China St., St.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Agnes Stalans

(Residence in Baltimore: No. 818 China St. St.: ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	colored	married

6 DATE OF BIRTH Feb. 14, 1890
(Month) (Day) (Year)

7 AGE 25 yrs. 2 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER George Stalans

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Kate Stalans

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Wilson Jr.

(Address) 818 China St

15. MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 5, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1914, to. May 5 1915, that I saw her alive on May 4, 1915, and that death occurred, on the date stated above, at 8 A. m. The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed), W. L. Emerick M. D.

May 5, 1915. (Address) 818 China St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 7, 1915
20 UNDERTAKER	ADDRESS
Putman Cook	508 North

Spec.—8-24-14—M. & T.—2000 Blks.

C8508 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C8087

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2631 Baker ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bayer (Bayer)

(Residence in Baltimore: No. 2631 Baker St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February 21, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Kuno

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Conrad Kuno

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Bayer

(Address) 2631 Baker St.

15. Filed MAY 5 - 1915, 191.. ROBERT . KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to May 6 1915, that I saw h[illegible] alive on May 4 1915, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) ....yrs. 3 mos. ....ds.

(Signed) W. A. Sellers M. D.

May 5, 1915. (Address) 2210 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	....., 191..
20-UNDERTAKER William Cook	ADDRESS 102 E. Pratt

N.B.—Every item of information should be carefully supplied. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C85088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C85088

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 295 S. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka C. Graf.

(Residence in Baltimore: No. 295 S. Pulaski St.; 60 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, March 6th, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Vocke

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Matilda Graf.

(Address) 295 S. Pulaski St.

15-Filed MAY 5 - 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 16 1915, to May 4 — 1915, that I saw h[illegible] alive on May 4 — 1915, and that death occurred, on the date stated above, at 8.02 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. Fuller Hunnius M. D.

May 5, 1915. (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 7, 1915.

20-UNDERTAKER Geo. B. Gerber — ADDRESS Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85089

HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C85089

CERTIFICATE OF DEATH

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2445 E. Preston St. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eva G. Wilson

(Residence in Baltimore: No. 2445 E. Preston St. 59 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Dec 8, 1855 (Month) (Day) (Year)

7 AGE: 59 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): London England

PARENTS

10 NAME OF FATHER: Patrick H Fennell

11 BIRTHPLACE OF FATHER (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Sophie Farnham

13 BIRTHPLACE OF MOTHER (State or country): London Eng.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bessie Crown

(Address) 2445 E. Preston

15 MAY 5 - 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 4, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1915, to May 4 1915, that I saw h.. alive on May 4, 1915, and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Arterio Sclerosis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Geo H Maynes M. D.

5/5, 1915 (Address) 1516 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: May 6, 1915

20 UNDERTAKER: Chas S. Evans & Son | ADDRESS: 1180 N. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C8509D

HEALTH DEPARTMENT—CITY OF BALTIMORE

155 C8509D

CERTIFICATE OF DEATH.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 706 Cator Ave ST.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Deming

(Residence in Baltimore: No. 706 Cator Ave

S 55 yrs., 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 25th (Day), 1859 (Year)

7-AGE, 55 yrs. 4 mon. 9 da. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, E. Curtis

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Begg

(Address) 706 Cator Ave

15- MAY 6 - 1915 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic acid poison taken with suicidal intent.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wm. M. Savage, M. D. (Coroner.)

May 5, 1915 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Newark N. J — DATE OF BURIAL, May 6, 1915

20-UNDERTAKER Robt F Turner — ADDRESS 1447 N. Broadway

S·A·F·E

C85091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 C85091

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 219 N Eden St. 5 WARD)

2-FULL NAME Baby Wainwright

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 N. Eden St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): sing C

6-DATE OF BIRTH: May (Month) 2 (Day), 1915 (Year)

7-AGE: ..... yrs. ..... mos. 1 ds. If LESS than 1 day, < hrs., or < min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: <
(b) General nature of industry, business, or establishment in which employed (or employer): <

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: Ernest Wainwright

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Nettie Young

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Wainwright

(Address) 219 N Eden St

15- MAY 6 - 1915 (1st) HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1915, to, May 3, 1915, that I saw h.. alive on May 3, 1915, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity (8 mos.)

(Duration) — yrs. — mos. 1 ds.

Contributory (SECONDARY) Syphilis

(Duration) — yrs. — mos. — ds.

(Signed), E. D. Plass, M. D.

May 3, 1915. [Address] H. H.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Asbury — DATE OF BURIAL: May 6, 1915

20-UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C85092

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1446 Hanburt ST.; 24 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lukas

(Residence in Baltimore: No. 1446 Hanburt St.; 10 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... 8 (Month) — 20 (Day), 1847 (Year)

7-AGE, 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, do not Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fahey

(Address) 404 N Bond st

15- MAY 6 - 1915 Filed....., 191.... NANCY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from July — 1914, to May 4th 1915, that I saw her alive on May 4th 1915, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Cordis Dilatation

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) H. Lee Dennis M. D.

May 6, 1915. (Address) 1218 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	May 7, 1915
20-UNDERTAKER John F. Fahey & Sons	ADDRESS 13 1/2 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85093

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85093

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Low St. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pitta Mariamina

(Residence in Baltimore: No. 1122 Low St. St.; ..... yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 15th, 1914
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Pitta Sebastiano Mariamina

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Francesco Bonciovini

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pitta Sebastiano Mariamina

(Address) 1122 Low St.

15- Filed MAY 6 - 1915, 191.... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4. 1915 to May 5 1915, that I saw him alive on May 5, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pitta Mariamina

..... (Duration) ... yrs. ... mos. 4 ... ds.

CONTRIBUTORY (Secondary) Stenosis

..... (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) P. E. Lilly M. D.

May 6..., 1915. (Address) 1122 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	May 6., 1915.
20-UNDERTAKER	ADDRESS
Lilly & Zirkin	403 S. Wolfe St.

N. B.—Every item of information should be carefully considered before answering, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85094

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C85094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men & Women Home St. Col'd WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hill

(Residence in Baltimore: No. 1622 Druid Hill ave St.; ~ yrs. ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: September (Month), ... (Day), 1840 (Year)

7-AGE: 75 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Pulley

(Address) 1622 Druid Hill ave

15- MAY 6 - 1915 Filed ..... 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1915, to, May 4 1915, that I saw h.... alive on May 3 1915, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral Hemorrhage) (Duration) ... yrs ... mos. 7 ds.

Contributory (SECONDARY) ... (Duration) ... yrs ... mos. ... ds.

(Signed) Wm. H. Magruder M. D.

May 5 1915 [Address] 1209 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 3 yrs. ~ mos. ~ ds. In the State 75 yrs. ~ mos. ~ ds.

Where was disease contracted if not at place of death? Aged Men & Women's Home (Col)

Former or usual residence " " " " " "

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: May 6, 1915

20-UNDERTAKER: John H. Toadvine

ADDRESS: 142 Woodyard St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85095 — 151 — C85095

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter John Barton

(Residence in Baltimore: No. 1801 Baker St St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) baby.

6-DATE OF BIRTH, April 27, 1915
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edwin J. Barton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Alice L Saunders

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Eugena Anderson

(Address) 1411 Fulton Ave

15- MAY 6 - 1915 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to May 5 1915, that I saw him alive on May 4 1915, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

~~Prematural~~ Inanition.
Puerperal

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Charles E. Clark M. D.

May 5, 1915 (Address) 1301 Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. — DATE OF BURIAL, May 6 1915

20-UNDERTAKER W. J. Dickey & Sons — ADDRESS North & Pa

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C85096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4145 Register ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Weglein

(Residence in Baltimore: No. 4145 Register St.; 66 yrs. 9 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 12 (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 9 mos. 23 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, — Weglein

11-BIRTHPLACE OF FATHER (State or Country), — Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Weglein

(Address) 4145 Register St

15- Filed MAY 6 - 1915, 191... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20th 1915, to May 5th 1915, that I saw h[illegible] alive on May 4th 1915, and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 16 ds.

(Signed) Thos. A. Ratliff M. D.

May 5, 1915 (Address) 1325 Asquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 8, 1915
20-UNDERTAKER	ADDRESS
Robt Tolmer	1422 Bway

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C85097

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 Eastern Ave ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick F. Weber

(Residence in Baltimore: No. 1505 Eastern ave

St.; yrs., 15 mos. —— ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 4 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 7 mos. —— ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Basket Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... — —

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick F. Weber Jr.

(Address) 1227 Ashland Ave

15- MAY 6 - 1915 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3d (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Durntion).....yrs.....mos.....ds.

(Signed) David H. Jones M. D. (Coroner.)

May 5. 1915. (Address) 3116 O'Donnell st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Johns Cem.	May 6 1915
20-UNDERTAKER Rott & Turner	ADDRESS 1412 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85098 68 C85098

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 506 Albemarle ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis A. Milano.

(Residence in Baltimore: No. 506 Albemarle St.; 20 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 12th (Day), 1895 (Year)

7-AGE, 20 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Universal.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dominic Milano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Victoria Calozza

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Dominic Milano

(Address)..506 Albemarle St.

15- MAY 6 - 1915

Filed..... 191... Burial Permit Old

MARK O. ARMETT, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th (Month) (Day), 1915 (Year).

17. I HEREBY CERTIFY, That I attended deceased from March 28th 1915, to April 4th 1915, that I saw him alive on April 6th 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Dementia Precox

..... (Duration) ...yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Dementia Precox

..... (Duration) ...yrs. 1 mos. 7 ds.

(Signed) S. Duarte M. D.

....., 191... (Address) 1604 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 8th, 1915.

20-UNDERTAKER Kendall Lippel & Son — ADDRESS 330 S. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85099 C85099

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Columbia Ave St. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Weil

(Residence in Baltimore: No. 631 Columbia Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 13 (Day), 1848 (Year)

7-AGE, 67 yrs. — mos. 22 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Rubin Sehloss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Weil

(Address) 631 Columbia Ave

15- Filed MAY 6 - 1915, 191... MARRY O. ARLRETS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 5 1915, that I saw her alive on May 4 1915, and that death occurred, on the date stated above, at 12.5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas. L. Lemmon M. D.

May 6, 1915. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem — DATE OF BURIAL, May 7, 1915

20-UNDERTAKER J. Ahrens & Co — ADDRESS 1611 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85100

CERTIFICATE OF DEATH.

154 C85100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Fulton Ave. ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Seligman

(Residence in Baltimore: No. 1704 N. Fulton Ave. St.; 52 yrs., mos. ds.)

N. B.—Each question must be answered so far as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 12, 1841
(Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Bavaria

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Mendes

(Address) 1704 N. Fulton Ave

15- Filed MAY 6 - 1915 191.... MARRY O. ANDREWS Burial Permit Olerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to May 5 1915, that I saw her alive on May 5 1915, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

(a) Infantile Colitis

(b) 2 yrs.

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 3 ds.

(Signed) L. Von Grant M. D.

May 5, 1915. (Address) 192 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Harsine Cemetery	May 7, 1915
20-UNDERTAKER	ADDRESS
J. Ahrens & Co	1611 Madison

C85101

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85101

CERTIFICATE OF DEATH.

186

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Wilhelm

(Residence in Baltimore: No. 632 S. Decker Ave. St., yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October 15, 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Saw-mill.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Wilhelm

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Wilhelm

(Address) 632 S. Decker Ave.

15- MAY 6 - 1915 Filed....., 191... HARRY O. ABBOTT, Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, an (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental - Struck by board on arm, at saw mill.
Shock, haemmorage
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Compound fracture of radius & ulna,
(Duration) yrs. mos. ds.

(Signed) Hurbert Chambers M. D.
(Coroner.)
May 6, 1915. (Address) 1 E. Franklin St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .../X.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, 5-7, 1915.

20-UNDERTAKER Joe J. Herr

ADDRESS 1914 E. Fayette St.

C85102

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital,
CITY OF BALTIMORE (No. Linden ave. & Madison st. ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Herbert,

(Residence in Baltimore: No. 435 Druidhill ave. St.; yrs., 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ... Unknown., ... (Month) ..... / ..... (Day) ..... (Year)

7-AGE, 48 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Saloonkeeper,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Indies,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Darby Fitzgerald,

(Address) 504 Baker Street,

15- Filed MAY 6 - 1915, 191... HARRY O. ARTHURS, Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 3d (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration) ....yrs. mos. ds.

(Signed) J. Frederick Hemper M. D.
(Coroner.)

May 6th, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 8, 1915.
20-UNDERTAKER	ADDRESS
Samuel T. Hemsley,	578 W. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C85103

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C85103

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Dallas ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margrett F. Williams

(Residence in Baltimore: No. 419 N Dallas St. ..... St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: James Dade

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Jane Ford

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wesley H. Williams

(Address) 419 N. Dallas St.

15-MAY 6 - 1915

Filed ....., 191.. CLERK OF ASSESS. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23 1915, to May 5th 1915, that I saw h alive on May 4th 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

.....1.....

.....mitral insufficiency.....

.....

.....contusion..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward F. Fisher M. D.

May 5, 1915. (Address) 641 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	May 7 1915
20-UNDERTAKER	**ADDRESS**
R. B. Grodd 1405	McElderry St

N. B.—Every effort should be made to have the CAUSE OF DEATH properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85104

CERTIFICATE OF DEATH.

42 C85104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 St Peter St ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M Linsenmeyer

(Residence in Baltimore: No. 705 St Peter St St.; 18 yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 1st, 1896 (Month) (Day) (Year)

7-AGE, 18 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John A Linsenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sophia K Mueller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Linsenmeyer

(Address) 705 St Peter St

15- MAY 6 - 1915 HARRY O ANDERS, Filed....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1915, to May 3 1915, that I saw h Er alive on May 1 1915, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

...Carcinoma Epithelioma.....

.....

Following Hydatiform.....

Duration (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) 6 Months

.....(Duration).....yrs.....mos.....ds.

(Signed) J D Kirby M. D.

May 5, 1915 (Address) 1106 N Mt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holly Redeemer — DATE OF BURIAL, 5....7....., 1915.

20-UNDERTAKER H C Branning Son — ADDRESS 517 N Schroeder St

R. 15—Every death occurring should be certified and reported. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C85105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 326 S. Poppleton ST.: 21 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma Hush

(Residence in Baltimore: No. 326 S. Poppleton St.: yrs., 1 mos., 13 ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. March (Month) 18th (Day), 1915 (Year).

7-AGE, ...yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, Frank Hush

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hush

(Address) 326 S. Poppleton St.

15- Filed MAY 6 - 1915, 191... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5th (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Saml Wantz Jr. (Coroner) M. D.

May 5th, 1915. (Address) 232 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	May 6, 1915
20-UNDERTAKER John Howan	ADDRESS 901 Hollins St

C85106 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 C85106

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No 326 S. Poppleton ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Hush

(Residence in Baltimore: No. 326 S. Poppleton St.; yrs., 1 mos. 13 ds.)

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, March 18th, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Frank Hush.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Emma Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Hush.

(Address) 326 S. Poppleton St.

15-

Filed MAY 6 - 1915 1st MARY O. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Saml Nemberg (Coroner) M. D.

May 5th, 1915 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	May 6, 1915
20-UNDERTAKER	ADDRESS
John Homan & Son	901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85107

CERTIFICATE OF DEATH.

151 C85107

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 923 N. Chapel St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonie Handley

(Residence in Baltimore: No. 923 N Chapel St.; ..yrs.. mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Infant

6-DATE OF BIRTH, May 5, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 1 ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER, Charles Handley

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Antonie Scott

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles Handley
(Address) 923 N Chapel st

15-
Filed MAY 6 - 1915, 191.. HARRY C. ANDREWS, Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1915.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 5 191 5, to May 6 191 5, that I saw h.r alive on May 6 191 5, and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Wm. H. Bynum M. D.

5-6, 191 5. (Address) 208 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 6, 191 5.

20-UNDERTAKER Frank Cracknell — ADDRESS 1904 E. Monument

C85108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 C85108

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Franklin Square Hospt ST.: 19 WARD)
2-FULL NAME Laura E. Martine
(Residence in Baltimore: No. 1714 Cairo St.

St. yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug. (Month) 17 (Day), 1894 (Year)

7-AGE, 20 yrs. 8 mos. 17 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Joseph Martine
11-BIRTHPLACE OF FATHER (State or Country). West India
12-MAIDEN NAME OF MOTHER Sarah Topkins
13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sarah Topkins
(Address) 7249 Bruce St.

15- FILED MAY 6 - 1915, 191... HARRY O. ANDREWS, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab Wounds. Homicide
Instrument could not be found
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Hemorhages & Pneumonia
(Duration).....yrs.....mos.....ds.

(Signed) John T. Gentry (Coroner) M. D.
May 5th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 5 ds. In the State 21 yrs.....mos.....ds.
Where was disease contracted, if not at place of death? 1714 Cairo St
Former or usual residence 1714 Cairo St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
In Druid	May 7 1915
20-UNDERTAKER Wm. H. Chase & Son	ADDRESS 1400 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85109 C85109

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Maryland ave ST.; ..... WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Esther Fox

(Residence in Baltimore: No. 2512 Maryland ave St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW(ER) OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 15 (1848) 1848 (Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Alex W. Fleet

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Annie Elizt Mahnt

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Fleet

(Address) 2512 Maryland ave

15- MAY 6 - 1915 Filed ..... 191.. Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25th 1914, to May 5 1915, that I saw h[illegible] alive on May 5 1915, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
& peritoneum.

..... (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) N. L. Jones M. D.

May 6th, 1915. (Address) 1235 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 8th, 1915.

20-UNDERTAKER Geo. Weber & Son — ADDRESS 2503 E. Monument ave

N. B.—Every item of information should be carefully supplied. Accuracy in filling out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085119

HEALTH DEPARTMENT—CITY OF BALTIMORE

085119

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 Columbia Ave ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Sinclair

(Residence in Baltimore: No. 520 Columbia Ave St., ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 25, 1864
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Geo. Sinclair

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Lucy Mould

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Sinclair

(Address) 520 Columbia Ave

15- MAY 6 - 1915 HARRY O. ANDREWS, Burial Permit Clerk
Filed ..., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest find that said deceased came to death
(Inquest, autopsy or inquiry.)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. D. Jones M. D.
(Coroner.)
..., 191.. (Address) 713 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	May 7 1915
20-UNDERTAKER Robt J. Turner	ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85111 — 120 — C85111

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Ashburton St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Frances Wittman

(Residence in Baltimore: No. 1719 Ashburton St.; ... yrs., ... mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct. (Month) 30 (Day), 1842 (Year)

7-AGE, 72 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. William Harrison

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily M. Doyle

(Address) 2435 Maryland Ave.

15- Filed MAY 6 - 1915, 191.. ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 1915, to May 6 1915, that I saw her alive on May 5 1915, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Emily M. Doyle M. D.

May 5, 1915. (Address) 2435 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md — DATE OF BURIAL, May 7, 1915.

20-UNDERTAKER Wm J. Tickner & Son — ADDRESS 925 W Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085112

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 085112

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 802 Mangold St. 21 WARD)

2 FULL NAME Mary A. Heffernan

(Residence in Baltimore: No. 802 Mangold St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 10 (Day), 1897 (Year)

7 AGE: 17 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Sewing
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thomas Heffernan

11 BIRTHPLACE OF FATHER (State or country): Jersey city New Jersey

12 MAIDEN NAME OF MOTHER: Catharine Gerahty

13 BIRTHPLACE OF MOTHER (State or country): Jersey City N.J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Catharine Heffernan

(Address) 802 Mangold st

15 Filed MAY 6 - 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 3 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 191 4, to May 3 191 5, that I saw her alive on May 2nd, 191 5, and that death occurred, on the date stated above, at 11 6 m.
The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY)

(Duration) yrs. 1 mos. ds.

(Signed), Edward [illegible] M. D.

May 5, 191 5 (Address) 511 Cath St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: May 7 1915

20 UNDERTAKER: James DeGrand & Son

ADDRESS: 1000 S. Paca st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

685113

120 685113

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hall

(Residence in Baltimore: No. 1211 Bevard St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, unknown (Month), (Day), 1857 (Year)

7-AGE, 58 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Hall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Liggie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Hall (deceased)

(Address) 1211 Bevard St.

15- Filed MAY 6 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1915, to May 6 1915, that I saw h alive on May 6 1915, and that death occurred, on the date stated above, at 5.10 a.m.

The CAUSE OF DEATH* was as follows:

....chronic Interstitial Nephritis

.....

.....

..... (Duration).....yrs. 2 mos.....ds.

CONTRIBUTORY (Secondary) Typic Insanity Hospital

..... (Duration).....yrs.....mos. 10 ds.

(Signed) R. H. Chamberlain M. D.

May 6, 1915. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 12 ds. In the State 18 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Balto

Former or usual residence 1211 Bevard St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, May 7, 1915

20-UNDERTAKER Felix B. Pye

ADDRESS 102 E. Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085114

CERTIFICATE OF DEATH.

156 085114

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 328 N. Day St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Hutchings

(Residence in Baltimore: No. 328 N. Day St.

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Eichorn

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hutchings

(Address) 328 N. Day St.

15- Filed MAY 6 - 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Asphyxia - illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John R. Chambers (Coroner.) M. D.

May 6, 191.5 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cemy DATE OF BURIAL, May 7, 1915

UNDERTAKER John A Moran & ADDRESS Bank & Ann Sts

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85115

CERTIFICATE OF DEATH.

C85115

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 4100 Falls Road St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie A. Coffay

(Residence in Baltimore: No. 4100 Falls Road St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 3 (Day), 1885 (Year)

7-AGE, 30 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Coffay

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Nellie Kelly

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Coffay

(Address) 4100 Falls Road

15- MAY 6 - 1915 ROBERT . KRAUTER, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC. 15 1914, to May 6th 1915, that I saw h er alive on May 6th 1915, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Cirrhosis Pancreas
Exhaustion
10 Situated on far Gallinger gate (Hyattsville)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

(Duration) yrs. 1 mos. ds.

(Signed) Evan M. Kelly M. D.

May 6, 1915. (Address) 370 S. Hilton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, May 10 1915

20-UNDERTAKER Horace Bungee & Son ADDRESS 363 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

85116

92 85116

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 N. Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie V. Henderson

(Residence in Baltimore: No. 1542 N. Washington St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Dec. (Day) 21, (Year) 1872

7-AGE, ...yrs. 42 mos. 4 ds. 15

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry B. Keagle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Isabelle Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B. Henderson

(Address) 1542 N. Washington

15- Filed MAY 6 - 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) May (Day) 6, (Year) 1915.

17- I HEREBY CERTIFY, That I attended deceased from April 30th 1915, to May 6th 1915, that I saw h[illegible] alive on May 5th 1915, and that death occurred, on the date stated above, at 5:05 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hilliard E. King, M. D.

May 6, 1915. (Address) 15[illegible] E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, May 7, 1915

20-UNDERTAKER Fenkler & Pinkler

ADDRESS 1739 E. Eager

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

C85117

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85117

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Schwind

(Residence in Baltimore: No. 3125 Barclay St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 2 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Child
(b) General nature of industry, business, or establishment in which employed (or employer)...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Schwind

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sadie Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Schwind

(Address) 3125 Barclay st.

15- FILED MAY 6 - 1915. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1915, to May 5 1915 that I saw h-- alive on May 5 1915, and that death occurred, on the date stated above, at 7 55 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Solon L. Turbin M. D.

May 5, 1915 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3125 Barclay St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	May 7, 1915
20-UNDERTAKER	ADDRESS
Wm Cook	502 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Mac Gluck
Madison

C85118

CERTIFICATE OF DEATH.

91 C85118

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 882 Park ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J Redding

(Residence in Baltimore: No. 882 Park ave St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby (Month) 19 (Day), 1913 (Year)

7-AGE, ... yrs. 2 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John M Redding

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna L Aborn

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M Redding

(Address) 882 Park ave

15- MAY 6 - 1915 Filed....., 191... ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) √ (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1915, to May √ 1915, that I saw him alive on May √ 1915, and that death occurred, on the date stated above, at 9.32 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Acthenia

..... (Duration) ... yrs. 2 mos. 6 ds.

(Signed) Duncan MacEelman M. D.

May 6., 1915 (Address) 1811 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, cathedral — DATE OF BURIAL, May 7, 1915

20-UNDERTAKER wm. cook — ADDRESS 502 E north

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85119 HEALTH DEPARTMENT—CITY OF BALTIMORE 20 C85119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Hill ST.; 27 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J Levdene

(Residence in Baltimore: No. 13 W Hill St.; 29 yrs., 1 mos. \ ds.)

N. B.—EVERY ANSWER MUST BE WRITTEN IN FULL. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ Married (Write the word.)

6-DATE OF BIRTH, ... (Month) ..... (Day) 1839 (Year)

7-AGE, 76 yrs. \ mos. \ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Morris

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Phillip J Levdene

(Address) 13 W. Hill St

15- FILED MAY 7 - 1915, 191.. CLARENCE O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1915, to May, 6, 1915, that I saw her alive on May, 6, 1915, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

C. Tuberculosis Ingelestitial
Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) D Frankel M. D.

May 6, 191.5 (Address) 122 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lehow Washington DATE OF BURIAL, May 7, 191.5

20-UNDERTAKER S. Lawson & Bro ADDRESS 1107 E Balto st

C85120

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C85120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Baby Barris

(Residence in Baltimore: No. 131 S. Spring St. St.; 2 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant.

6-DATE OF BIRTH: May 6, 1915 (Month) (Day) (Year)

7-AGE: — yrs. — mos. — ds. If LESS than 1 day, 1½ hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Louis Barris

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Sarah Finkelstein

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Barris

(Address) 131 S Spring st

15- MAY 7 - 1915 191.....

HARRY O. ARLACTS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 6, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 6, 1915, that I saw him alive on May 6, 1915, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) 1½ hrs

Contributory (SECONDARY): Premature Separation of Placenta Previa

(Duration) — yrs mos. 1½ hrs.

(Signed) M. B. Levine M. D.

April 6, 1915. [Address] Hebrew Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos 1½ hrs. ds. In the State ... yrs ... mos 1½ hrs.

Where was disease contracted, if not at place of death? Hebrew Hospital

Former or usual residence: Hebrew Hosp.

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: May 7, 1915

20-UNDERTAKER: S. Levinson & Bro — ADDRESS 1507 E Balto st

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85121

CERTIFICATE OF DEATH

130 C85121

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 ½ Peach alley ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Wilson

(Residence in Baltimore: No. 923 ½ Peach alley St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): ~~Single~~ Widowed

6-DATE OF BIRTH: May (Month) 5 (Day), 1870 (Year)

7-AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Authus Wilson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sophia Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James B. Wilson

(Address) 624 Jasper St

15- Filed MAY 7 - 1915, 191

JAMES O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24, 1915, to, May 5 1915, that I saw h-im alive on May 3 1915, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pavenchymatous Nephritis

(Duration) yrs 6 mos 8 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. McCard M. D.

May 5, 1915 [Address] 2005 Hillair

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn C

DATE OF BURIAL: May 7th, 1915

20-UNDERTAKER: A. W. Brown's Son

ADDRESS: 108 N. Monte St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85122

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1016 N. Calhoun st. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Hebb,

(Residence in Baltimore: No. 912 Whatcoat st. St.; 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, March (Month) 4th (Day), 1875. (Year)

7-AGE, 40 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William Molen,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Henrietta Dorsey,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie D. Hebb, daughter,

(Address) 912 Whatcoat street,

15- FILED MAY 7 - 1915, 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary haemorrhage resulting from pulmonary tuberculosis.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Heinrich Hempel M. D. (Coroner.)

May 6th, 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pikesville — DATE OF BURIAL, May 7 '15

20-UNDERTAKER Thomas E. Wright — ADDRESS 1361 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085123 HEALTH DEPARTMENT—CITY OF BALTIMORE 085123

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Swan

(Residence in Baltimore: No. 1821 Townsend Court St. 1 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored	Child

6-DATE OF BIRTH, August 29, 1912
(Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Joshua Swan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eleanor Braxton

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor Swan (Mother)

(Address) 1821 Townsend Court

15- Filed MAY 7 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Burns of body

(Burning with matches)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. H. Chambers M. D.
(Coroner.)

May 7, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 2 yrs. 9 mos. 6 ds.

Where was disease contracted, if not at place of death? 1821 Townsend Court

Former or usual residence 1821 Townsend Court

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 8, 1915
20-UNDERTAKER Geo. H. Holland	ADDRESS 517 Robert St.

C85124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C85124

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 Thursby Court ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Wells

(Residence in Baltimore: No. 108 Thursby Court St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Unknown ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
63 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alexander Cecil

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Boston

(Address) 108 Thursby Ct.

15- MAY 7 - 1915 MARY O. ADLER

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 5th ....., 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Organic Heart Disease .....

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Renal Fistula

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edgar L. Russell M. D. (Coroner)

May 6th, 1915 (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 7, 1915
20-UNDERTAKER	ADDRESS
Robert A. Elliott	56 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085125

CERTIFICATE OF DEATH

130 085125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Maine Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Daniel Penty Barton

(Residence in Baltimore: No. 3908 Maine Ave, St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: August 25, 1854 (Month) (Day) (Year)

7-AGE: 60 yrs. 9 mos. 19 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Special Agent
(b) General nature of industry, business, or establishment in which employed (or employer): for Insurance

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: James D Barton

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Julia Penty

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ray D Barton

(Address) 3908 Maine Ave

15- Filed MAY 7 - 1915, 191 HARRY O. ARUBAUGH, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22, 1915, to, May 4 1915, that I saw him alive on May 4 1915, and that death occurred, on the date stated above, at 9 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

(Signed), Nathan L. Townsend M. D.

May 5, 1915 [Address] 2506 Garrison Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 7, 1915

20-UNDERTAKER: Geo J Smith — ADDRESS 1000 Pt Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 C85126

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Jackson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Margarth Harvey

(Residence in Baltimore: No. 1508 Jackson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 5 (Month) 5 (Day) 1915 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 20 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) 1508 Jackson St

PARENTS.

10-NAME OF FATHER, Benjamin Harvey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annastatia McNamara

13-BIRTHPLACE OF MOTHER (State or Country), Boston Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Harvey

(Address) 1508 Jackson

15- Filed MAY 7 - 1915 MARY O Archer, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/5 1915, to 5/6 1915, that I saw h— alive on 5/6 1915, and that death occurred, on the date stated above, at 10. a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) 24 hours

CONTRIBUTORY (Secondary) Premature Birth

(Duration) yrs. mos. ds.

(Signed) C. F. Quinlan M. D.

5/6, 1915. (Address) 1st E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem A.A. Co. DATE OF BURIAL, May 7, 1915

20-UNDERTAKER Wm J. E. Evans & Son ADDRESS 1428 E. Chas

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C85127

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle E Duchesney

(Residence in Baltimore: No. 518 S. Bentalou St.; 17 yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: ..... (Month) Sept (Day) 14, (Year) 1897

7-AGE: 17 yrs. 6 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Laurence V. Duchesney

11-BIRTHPLACE OF FATHER (State or Country): Mass

12-MAIDEN NAME OF MOTHER: Catharine Pennington

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Powell

(Address) 518 S. Bentalou

15- Filed MAY 7 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 1-17- 191 5, to 5- 5- 191 5, that I saw h.e.r alive on 5- 5- 191 5, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) .... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) .... yrs. 5 mos. .... ds.

(Signed) John T. Schneeweis M. D.

5-6-, 191.5. (Address) 1101 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 518 S Bentalou St

Former or usual residence Former residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 5-8-, 1915

20-UNDERTAKER: William Cook

ADDRESS: 502 E Natt Ax

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85128

CERTIFICATE OF DEATH.

92 C85128

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Teresia Bukiawa

(Residence in Baltimore: No. 1923 Fleet St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 21, 1913
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, George Bukiawa

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Viola Kerkowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Bukiawa

(Address) 1923 Fleet

15-

Filed....., 191.. COUNTY REGISTRAR.....

MAY 7 - 1915 Burial Permit Registered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 6 1915, that I saw h[illegible] alive on May 5 1915 and that death occurred, on the date stated above, at 1230 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Rosamond M. D.

5-6, 191.. (Address) 2201 E. Fleet

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem.	May 7, 1915
20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

035129 154 035129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged Home REGISTERED NO. C

CITY OF BALTIMORE: (No. Baltimore & Payson ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Neidhardt

(Residence in Baltimore: No. Baltimore & Payson Sts St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 15 (Day), 1830 (Year)

7-AGE, 84 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Hölzingerode Hanova Germany

PARENTS.

10-NAME OF FATHER, Arnold Neidhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Anna Gründel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore & Payson St

15- MAY 8 - 1915 HARRY O. ANDREWS, Filed....., 191... Burial Permit Given Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 7th 1915, that I saw him alive on May 7 1915, and that death occurred, on the date stated above, at 10 1. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) Years Contributory yrs. mos. ds.

(Signed) F. W. Hobdemann M. D.

May 8, 1915. (Address) 1908 N. Bals St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. — mos. — ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Germans United Evangelical | DATE OF BURIAL, May 8..., 1915.

20-UNDERTAKER J & R Cook | ADDRESS 1003 A Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85130

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 McElderry ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guiseppe LaSaglia

(Residence in Baltimore: No. 1115 McElderry St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1869.
(Month) (Day) (Year)

7-AGE, 46 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Mariano LaSaglia

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Santo Bruno

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domenico Iacovla

(Address) 1115 McElderry St.

15- Filed MAY 8 - 1915, 191. HARRY C. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1915, to May 7 1915, that I saw him alive on May 6 1915, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ....ds.

(Signed) Nicola D. Donatata M. D.

May 7, 1915. (Address) 1032 E. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem

DATE OF BURIAL, May 8, 1915.

20-UNDERTAKER Kelly & Zeller

ADDRESS 403 E. Wolfe

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85131 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C85131

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Belnord Ave St. 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regenia I. Cain

(Residence in Baltimore: No. 508 S. Belnord ave St.; 35 yrs. 10 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 27, 1879 (Month) (Day) (Year)

7-AGE, 35 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Ruppenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Schweider

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J. Cain

(Address) 508 S. Belnord ave

15- Filed MAY 8 - 1915, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1914, to May 1915, that I saw her alive on May 5th 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Stomach Poisoning

..... (Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY. (Secondary) Chronic Bronchitis Intestinal Nephritis

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) J. Albert Mueller M. D.

May 7th, 1915. (Address) 2723 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	May 8, 191...
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85132

CERTIFICATE OF DEATH.

79

C85132

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1634 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Getta Miller

(Residence in Baltimore: No. 1634 E. Fayette St.; 8 yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 8 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Tobias Miller

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Bertil Borgies

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Miller

(Address) 1634 E. Fayette st.

15- Filed MAY 8 - 1915 ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1915, to May 7 1915, that I saw her alive on May 7 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

about 6 years

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute endocarditis & Pericarditis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Francis R. Straub M. D.

May 7, 1915. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dulaney Woodlawn

DATE OF BURIAL, May 7, 1915

20-UNDERTAKER S. Frisinger & Bro.

ADDRESS 110 E. Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85133 | CERTIFICATE OF DEATH. | 1915 C85133

C85133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Jackson ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H Cloarty (Cloarty)

(Residence in Baltimore: No. 1817 Jackson St.; 77 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 22 (Day), 1838 (Year)

7-AGE, 77 yrs. 11 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John J Cloarty

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ann McCall

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Cloarty

(Address) 1817 Jackson St

15- MAY 8 - 1915 Filed, 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1915, to May 6 1915, that I saw him alive on May 6 1915, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) General edema

(Duration) yrs. mos. 7 ds.

(Signed) Wm L Steffey M. D.

5/7, 1915. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedmont (Cem) DATE OF BURIAL, May 10, 1915.

20-UNDERTAKER Fritz Tahn & Sons ADDRESS 13 N Eutaw St

Ada B. Graham

C85134 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C85134

CITY OF BALTIMORE (No. Howard A. Kelly (Hosp) 1412 (Ada, Ben WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs L. S. Graham

(Residence in Baltimore: No. 1418 Eutaw Pl Baltimore St.; ..... yrs. ..... mos. 18 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Aug. (Month) 9 (Day), 1883 (Year)

7-AGE: 31 yrs. 8 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Texas.

PARENTS

10-NAME OF FATHER: O. I. Halbert.

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Alettea Ruiter

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis S. Graham

(Address) 2007 1/2 Austin St Houston - Texas.

Filed MAY 8 - 1915, 191

ROBERT . KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1915, to May 7 1915, that I saw h-- alive on May 6 1915, and that death occurred, on the date stated above, at 9:12 a m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal Glands
Carcinoma - Secondary To Cancer of Descending Colon verified by Op.: (Duration) 1 yrs. ..... mos. ..... ds
in Texas.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Robert W Lewis M. D.

May 7, 1915. (Address) 1418 Eutaw Pl. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. 14 ds.

Where was disease contracted, if not at place of death? Houston, Texas.

Former or usual residence Houston Texas.

19-PLACE OF BURIAL OR REMOVAL: Waco Texas (Oakwood Cem Co)

DATE OF BURIAL: May 7 1915

20-UNDERTAKER: Chas G. Black

ADDRESS: 1201 W. Mulberry

Spec—5-19-15—M. & T.—500 Bks.

C85135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 81 C85135

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Hope ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dunn

(Residence in Baltimore: No. 1934 Hope St.: 79 yrs., 6 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 31 1835 (Month) (Day) (Year)

7-AGE, 79 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Bergman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry F. Hamann

(Address) 1934 Hope St

15- MAY 8 - 1915 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1915, to May 6 1915, that I saw her alive on May 6 1915, and that death occurred, on the date stated above, at 3.10 PM

The CAUSE OF DEATH* was as follows:

Apoplexie

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Lynch M. D.

May 7. 191.5 (Address) 1934 Hope St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Govan Presbyterian Cem. DATE OF BURIAL, May 9th 1915

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85136 CERTIFICATE OF DEATH.

109 C85136
REGISTERED NO. C

1-PLACE OF DEATH Maryland General Hosp.

CITY OF BALTIMORE: (No. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hawkins

(Residence in Baltimore: No. 1114 Brighton St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Infant

6-DATE OF BIRTH, April (Month) 29 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day.
...yrs...mos. 6 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. Hawkins

11-BIRTHPLACE OF FATHER (State or Country), N. Va.

12-MAIDEN NAME OF MOTHER Mary Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- MAY 8 - 1915 Filed, 191.. ROBERT . HRAUTH, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 4 1915, that I saw him alive on May 3 1915, and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ...yrs...mos. 1½ ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(Duration) ...yrs...mos. 3 ds.

(Signed) Jos. Spruck M. D.

May 5, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1114 Brighton St.

19-PLACE OF BURIAL OR REMOVAL, MADE OF BURIAL ..., 191..

20-UNDERTAKER Commissioner Health. ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85137

CERTIFICATE OF DEATH

9 C85137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hill

(Residence in Baltimore: No. 1520 Chapel St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Black	Widower

6-DATE OF BIRTH ? (Month) ? (Day) 1 ? (Year)

7-AGE 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Mike Hill

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Nannie Hill

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Brown

(Address) 1520 E. Fayette

15 Filed MAY 8 - 1915 191

ROBERT . HOLLINS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr (Month) 30 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1915, to, Apr 30 1915, that I saw him alive on Apr 30 1915, and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) Dont Know yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Dont Know

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Frank A. Evans M. D.

May 5 1915 [Address] J H Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos / ds. In the State / yrs / mos / ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 1520 Chapel St

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: MAY 7 - 1915

20-UNDERTAKER: Commissioner Health, Per. Wm. B. Worrall,

ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85138 CERTIFICATE OF DEATH 129 C85138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 5 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lambkin

(Residence in Baltimore: No. 406 Lewis St. St.; ...yrs. ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ... (Day), 1? (Year)

7-AGE: 36 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Bauer

(Address) J. H. Hosp.

15- MAY 8 - 1915 ... COUNTY ... HEALTH ... Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1915, to, May 2 1915, that I saw her alive on May 2 1915, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Myoma uteri, pelvic inflammatory disease

(Duration) 5 yrs ... mos. ... ds.

Contributory (SECONDARY) Cerebral embolism, post-operative (Duration) 1 hour mos. ... ds.

(Signed), George W. Carver M. D.

May 5 1915 [Address] J. H. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 5+ ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 406 Lewis St.

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: MAY 7 - 1915

Commissioner Health,

ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85139

CERTIFICATE OF DEATH.

37 C85139

REGISTERED No. C.....

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Kraft

(Residence in Baltimore: No. 851 St. Peter St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1885 (Year)

7-AGE,	If LESS than 1 day,
30 yrs.....mos.....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER, John Kraft

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sadie Yanskire

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark Kraft

(Address) 851 St Peter St

15- Filed MAY 8 - 1915 ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) - 5 (Day) - 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5 - 4 - 1915, to 5 - 5 - 1915, that I saw h[illegible] alive on 5 - 5 - 1915, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) ....yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Nephritis (diffuse)

..... (Duration) ....yrs. ? mos. ? ds.

(Signed) A. L. Rauzenbach M. D.

5-5-, 1915. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 30 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 851 St Peter St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	May 8, 1915
20-UNDERTAKER	ADDRESS
Geo Kimball & Son	617 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85140

CERTIFICATE OF DEATH.

19 C85140 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Mount ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis J. Linsenmeyer

(Residence in Baltimore: No. 122 S. Mount St.; 60 yrs. 1 mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH. March 29, 1855 (Month) (Day) (Year)

7-AGE. 60 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stripper
(b) General nature of industry, business, or establishment in which employed (or employer): Car Barn.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John Linsenmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Linsenmeyer

(Address) 122 S. Mount St.

15- Filed MAY 8 - 1915 ~~ROBERT~~ J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May 6th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1915, to May 6 1915, that I saw him alive on May 5 1915, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken compensation

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 7, 1915. (Address) 1462 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. May 8, 1915

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85141

C85141

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 N. Bond St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Stevenson (Stevenson)

(Residence in Baltimore: No. 1243 N. Bond St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 23, 1867
(Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John Stevenson

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Mary Guy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Stevenson

(Address) 1243 N. Bond St.

15- Filed MAY 8 - 1915, 191.... ROBERT . KRAUTER Registrar. Asst. Registration Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1915, to May 5, 1915, that I saw him alive on May 5, 1915, and that death occurred, on the date stated above, at 5-30 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby M. D.

May 6., 1915. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemy	May 8., 1915
20-UNDERTAKER	ADDRESS
Albert L. Fuller	221 N Broadway

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85142 — PLACE OF DEATH

REGISTERED No. C85142

CITY OF BALTIMORE: (No. Aged Women Home St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Smith

(Residence in Baltimore: No. 1404 W Lexington St.) 74 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: [illegible] (Month) 1 (Day) [illegible] (Year)

7-AGE: 74 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John L Smith

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Juliana Downes

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edw J Jones Matron

(Address) Home

15- FILED MAY 8 - 1915 ROBERT . KRAUTH, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6 (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1915, to, May 6 1915, that I saw h[illegible] alive on May 6 1915, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs mos. 2 ds.

(Signed) [illegible] M. D.

May 7, 1915 (Address) 1331 Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 9 yrs 11 mos ds. In the State 74 yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: 5/8, 1915

20-UNDERTAKER: Geo. J. Smith

ADDRESS: 1000 W Fayette

C85143 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C85143

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No 114 S. Calverton Road ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Annie E. Barber.

(Residence in Baltimore: No. 114 S. Calverton Road St.: 32 yrs. \ mos. \ ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct. (Month) 9 (Day), 1842 (Year)

7-AGE: 72 yrs. 6 mos. 26 ds. If LESS than 1 day, \ hrs. or \ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick Co. Md.

PARENTS

10-NAME OF FATHER: Samuel Biddinger.

11-BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Charles Barbour

(Address) 2541 W. Balto. St.

15. Filed MAY 8 - 1915. 191 ROBERT J. KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1915, to May 5 1915, that I saw h[er] alive on May 4, 1915, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) \ yrs. \ mos. 29 ds

Contributory (SECONDARY) Unknown.

(Duration) \ yrs. \ mos. \ ds.

(Signed) Albert S. Chambers M. D.

May 7, 1915. (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 8, 1915

20-UNDERTAKER: Geo. L. Schwab & Bro. — ADDRESS: 2101 Fredk Ave

C85144

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C85144

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 437 Orchard ST.: 11 WARD)

2-FULL NAME Mary E. Johnson

Residence in Baltimore: No. 437 Orchard St.: 17 yrs. 5 mos. 16 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Strike the word): Single

6-DATE OF BIRTH: Nov 21, 1897 (Month) (Day) (Year)

7-AGE: 17 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John. Johnson

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Amanda Johnson

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline Burris

(Address) 437 Orchard st

15- MAY 8 - 1915, 191 HARRY O. ARUNDEL Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1915, to May 7, 1915, that I saw h[illegible] alive on May 5, 1915, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3 (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H Peard M. D.

May 7, 1915 (Address) 205 N. Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 10, 1915

20-UNDERTAKER: Felix B Pye

ADDRESS: 1025 Maryland St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

685145 | 91 | 685145

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 568 Numsen St. 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maggie Myers

(Residence in Baltimore: No. 568 Numsen St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown, 1875 (Month) (Day) (Year)

7 AGE: 40 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Edward myers

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Rebecca myers

(Address) 1129 S Paul St

15 MAY 8 - 1915. Filed ....., 191... HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1915, to May 7th, 1915, that I saw her alive on May 7th, 1915, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Frank M Lyman M. D.

May 7, 1915 (Address) 322 W Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: May 8 1915

20 UNDERTAKER: Felix B Pye

ADDRESS: 102 E. Mulberry

Spec.—8-24-14—M. & T.—2000 Blks.

C85146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85146

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 N Collington Ave. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John C. Kimmerlein

(Residence in Baltimore: No. 936 N. Collington Ave St.: 49 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 10, 1865
(Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John M. Kimmerlein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Kimmerlein

(Address) 936 N. Collington Ave

15- Filed MAY 8 - 1915, 191... HARRY O. ARLANS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5th 1914, to May 7th 1915, that I saw h last alive on May 6th 1915, and that death occurred, on the date stated above, at 6.40 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt C Eagan M. D.

May 7, 191 5. (Address) 1714 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodberry Redeemer — DATE OF BURIAL, May 10, 1915.

20-UNDERTAKER Henry Hooke & Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

085147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 085147

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Barclay St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E Schaechen

(Residence in Baltimore: No. 2323 Barclay St. St.; 2 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 25 (Day), 1912 (Year)

7-AGE, 2 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Christian Schaechen

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Ella Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Schaechen

(Address) 2323 Barclay St.

15- FILED MAY 8 - 1915 MARKET C. ATKINSON, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 26 1915, to May 7 1915, that I saw h[illegible] alive on May 7 1915, and that death occurred, on the date stated above, at 1-45 P.m.

The CAUSE OF DEATH* was as follows:

Pleurisy.

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno Gadden M. D.

May 7, 1915. (Address) 321 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park.	Sunday May 9, 1915
20-UNDERTAKER	**ADDRESS**
F. A. Krauss	703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1454 Light St. St. 23 WARD)

2-FULL NAME Alexander Lapin

(Residence in Baltimore: No. 1454 Light St. St. 28 yrs. 5 mos. ds.)

40 C85148

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: November (Month) ..... (Day), 1866 (Year)

7-AGE: 49 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Sydney Lapin

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Jane Lapin

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Lapin

(Address) 117 Columbia Ave

15- MAY 8 - 1915 MARY O. ADLERS, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st, 191..., to, May 6 1915, that I saw him alive on June May 4 1915, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Primary Cause was
Carcinoma of Liver X
Secondary was Ascites
Carcinoma Peritoneum

(Duration) yrs 8 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Harry J. Taubes M. D.

May 6th, 1915. [Address] 1192 N Milton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: May 9, 1915

20-UNDERTAKER: Jack Lewis

ADDRESS: 1419 E Balto

C85149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39 C85149

REGISTERED NO. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 320 W Mulberry St.; 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME John J. Tapie

(Residence in Baltimore: No. 320 W. Mulberry St. St.; 44 yrs. 5 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 12 (Month) 6 (Day), 1870 (Year)

7-AGE: 44 yrs. 5 mos. ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joseph Tapie

11-BIRTHPLACE OF FATHER (State or country): France

12-MAIDEN NAME OF MOTHER: Eugenia Libre

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth H. Tapie

(Address) 320 W Mulberry St

15. MAY 8 - 1915 191

HARRY O. ANDERSON, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1914, to May 6, 1915, that I saw h[illegible] alive on May 2nd, 1915, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of tongue -

Operation + Microscopic Exam

No Postmortem (Duration) ..... yrs. 10 mos. ..... ds

Contributory (SECONDARY) Metastases, neck, chest

brain (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. H. McCarty M. D.

May 7, 1915 (Address) 537 W. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: May 10, 1915

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave

C85150

HEALTH DEPARTMENT—CITY OF BALTIMORE

155 C85150

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hagan

(Residence in Baltimore: No. 936 N Saratoga St; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Hagan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Harriet Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Garrish

(Address) 936 N Saratoga St

MAY 8 - 1915 Filed ....., 191.... MARY O. ARLIDGE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis & Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carbol and Poisoning

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Jeffer (Coroner) ..... M. D.

May 8, 1915. (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? X

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 7, 1915

20-UNDERTAKER Charles B. Jones

ADDRESS 1113 N Saratoga St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182

C85151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St Josephs Hosp. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Irene Eichorn

(Residence in Baltimore: No. 200 N Luzerne Ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 6th, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, L A Eichorn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Babylon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L A Eichorn

(Address) 200 N Luzerne Ave

15- MAY 8 - 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol Shot wound in left breast
used by Charles T Bruen

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) Elijah J Russell M. D.
(Coroner.)

May 8th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? X

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, May 9th, 1915

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85152

CERTIFICATE OF DEATH.

28 C85152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Monford Ave) ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Steiner

(Residence in Baltimore: No. 1109 N. Monford Ave St.; ....yrs,,....mos....ds.)

be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 17, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Chas Steiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Caroline Neuweiler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Lloyd

(Address) 2229 E. Biddle St

15- Filed MAY 8 - 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11th 1915, to May 7th 1915, that I saw h[illegible] live on May 6th 1915, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Willard G. Lingenfelter M. D.

5/7/, 1915. (Address) 1503 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	May 10, 191..
20-UNDERTAKER William Cook	ADDRESS 3076 Fleet

Spec.—5-19-13—M. & T.—500 Bks.

C85153 HEALTH DEPARTMENT—CITY OF BALTIMORE

45 C85153

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. r. 1203 ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Julsup.

(Residence in Baltimore: No. 1228 Light St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~ MARRIED, WIDOWED OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, unobtainable, 1 (Month) (Day) (Year)

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City Maryland

PARENTS.

10-NAME OF FATHER, George E. Benedt

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Matilda Polk

13-BIRTHPLACE OF MOTHER (State or Country), unobtainable

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Jumper

(Address) 1228 Light St.

15. Filed MAY 8 - 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1915, to May 7 1915, that I saw her alive on May 7 1915, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pancreas 6 Weeks (Duration), yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) No Postmortem (Duration) yrs. mos. ds.

(Signed) Geo. H. Bonar M. D.

5/7, 1915. (Address) Franklin Sq. r. 1203.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 55 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 1228 Light St.

19-PLACE OF BURIAL OR REMOVAL, East New Market Md. DATE OF BURIAL. 5/10, 1915

20-UNDERTAKER William Cook ADDRESS 502 E Wash ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85154

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

19 C85154

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Otto.

(Residence in Baltimore: No. 118 Addison al, city. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December 28, 1907 (Month) (Day) (Year)

7-AGE: 7 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wm Otto.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eliz. Frischknedt

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. Otto.

(Address) Johns Hopkins Hosp.

MAY 8 - 1915 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 7, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 23, 1915, to May 7 1915, that I saw h~~im~~ alive on May 7 1915, and that death occurred, on the date stated above, at 7.35 a. m.

The CAUSE OF DEATH* was as follows:

I Pericarditis

II Mitral Insufficiency

(Duration) yrs. 2 mos. 14 ds.

Contributory (SECONDARY) None

(Duration) yrs. mos. ds.

(Signed) Adam S Rathbun M. D.

May 7, 1915 [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 43 ds. In the State 7 yrs — mos — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 118 Addison al

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 9th, 1915

20-UNDERTAKER: F. B. Hesselbart

ADDRESS: 2238 Frederick Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C85155

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85155

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.: 17 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha White

(Residence in Baltimore: No. 547 Oxford St St.; 17 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	S

6-DATE OF BIRTH, Feb. 8, 1897
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 3 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): High School

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George White

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maggie Lukes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- MAY 8 - 1915. HARRY O. ANDREWS,
Filed....., 1915. Special Permit O.L.C.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 27 1915, to May 8 1915, that I saw h[illegible] alive on May 8 1915, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis and Pulmonic Cellulitis

(Duration) Do not know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward J. Senft M. D.

May 8, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 11 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 547 Oxford St.

Former or usual residence 547 Oxford St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	May 10, 1915
20-UNDERTAKER	ADDRESS
John H. Todd & Son	142 N. Hilton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85156

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C85156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 25 N. Carey St St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Melvin McCarter

(Residence in Baltimore: No. 220 Myrtle Ave St.: 2 yrs. 5 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 6, 1912 (Month) (Day) (Year)

7-AGE: 2 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimd

PARENTS

10-NAME OF FATHER: Riley McCarter

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Tecia Green

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter L Bacon

(Address) Janet Hospital

15. Filed MAY 8 - 1915, 191

HARRY O. ARLETTS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1915, to May 7 1915, that I saw him alive on May 7, 1915, and that death occurred, on the date stated above, at 1.30 P-m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Cardiac Failure (Duration) yrs. mos. 1 hr.

(Signed) Walter L Bacon M. D.

5/7/15, 191 (Address) Janet Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1/2 hr. In the State yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death? 220 Myrtle Ave

Former or usual residence 220 Myrtle Ave

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: May 9, 1915

20-UNDERTAKER: Daniel Easton

ADDRESS 916 Penna ave

C85157

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C85157

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2751 Rayner Ave ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lind

(Residence in Baltimore: No. 2751 Rayner av St.: 90 yrs. 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widower

6-DATE OF BIRTH: August 22nd (Month) (Day), 1823 (Year)

7-AGE: 91 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Joseph Lind

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Purcell

(Address) 2751 Rayner Ave

15. MAY 8 - 1915 (191) HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 7 1915, that I saw h~~e~~ alive on May 7, 1915, and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chas. F. Blake M. D.

May 8, 1915 (Address) 202 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Holy Redeemer | DATE OF BURIAL: May 10th, 1915

20-UNDERTAKER: Hofferson Bros. Co | ADDRESS: Hopkins Place Co

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85158

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85158

CERTIFICATE OF DEATH

40

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 307 S. Mount ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Malone

(Residence in Baltimore: No. 307 S. Mount St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: February (Month) 2nd (Day) 1840 (Year)

7-AGE: 75 yrs. 3 mos. 5 ds. If LESS than 1 day, — hrs., or — min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Gallagher

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: don't Know

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Bolden

(Address) 307 S. Mount St

MAY 8 - 1915 MARKED ARRIVED,
Filed ..... 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1914, to, May 5th 1915, that I saw h-er alive on May 5th 1915, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Collapse

(Duration) — yrs — mos. — ds.

Contributory (SECONDARY) Carcinoma of Stomach

(Duration) yrs. 5 mos. 20 ds.

(Signed) Wm. J. Williams M. D.

May 7th 1915. [Address] 405 S. Eden St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: May 10th 1915

20-UNDERTAKER: H. W. Perkins Son & Co — ADDRESS: McCulloh & Lanvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85159

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85159

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Howard,

(Residence in Baltimore: No. 225 S Spring St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 57 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Williams

11-BIRTHPLACE OF FATHER (State or Country), Harford Co

12-MAIDEN NAME OF MOTHER Harriet Hall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Howard

(Address) 225 S Spring St

15-Filed MAY 8 - 1915, 191.... HARRY J. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 7 1915, that I saw h[illegible] alive on May 6 1915, and that death occurred, on the date stated above, at 4:10 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

Exhaustion (Duration) yrs.... mos.... ds. Indefinite

CONTRIBUTORY (Secondary) Nephritis Acute

(Duration) yrs.... mos.... ds. Indefinite

(Signed) H. Randall M. D.

5/7/, 1915. (Address) 802 Argyle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, May 8.., 1915.

20-UNDERTAKER John W Henderson — ADDRESS 31 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C85160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C85160

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Wood T. Handy

(Residence in Baltimore: No. 507 W. Lee St.; ....yrs.,....mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	M

6-DATE OF BIRTH, ...May.... (Month) ....2.... (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....0....yrs. ....0....mos. ....5....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Percy Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Katie Handy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Handy

(Address) 507 W Lee St

15- Filed MAY 9 - 1915, 191. HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) ....7.... (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 7 1915, that I saw him alive on May 7 1915, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

.....(Duration)....yrs....mos....ds.

(Signed) Edward H. Smith M. D.

May 8..., 191 5 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 507 W Lee St.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, May 9..., 1915

20-UNDERTAKER Wm H Hooper | ADDRESS 609 Little Mad

R. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C85161

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 C85161

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Platt

(Residence in Baltimore: No. 1012 E. Pratt St. St.; 4 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) ..... (Day) 1870 (Year)

7-AGE: 45 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Kissel Platt

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bennie Kaitz

(Address) 1518 E Fayette st

15- MAY 9 - 1915 Filed ..... 191 ... Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1915, to, May 8, 1915, that I saw h.... alive on May 8, 1915, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Gangrene

(Duration) ... yrs. ... mos. 28 ds.

Contributory (SECONDARY) Acute Myocardial Dilatation

(Duration) ... yrs. ... mos. 1 ds.

(Signed), M.B. Levin M. D.

May 8 1915 [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. 9 ds. In the State 10 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1012 E. Pratt St.

Former or usual residence 1012 E. Pratt St.

19-PLACE OF BURIAL OR REMOVAL: Arlington Woodlawn

DATE OF BURIAL: May 9 1915

20-UNDERTAKER: S Levinson Bro

ADDRESS: 101 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

C85162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85162

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1340 West Lafayette Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna S. Crane

(Residence in Baltimore: No. 1340 W. Lafayette Ave St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 20, 1845
(Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 17 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Accomac Co Va

PARENTS.

10-NAME OF FATHER, John D. Rue

11-BIRTHPLACE OF FATHER (State or Country), Accomac Co. Va

12-MAIDEN NAME OF MOTHER Eliz. Sneed

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Geo H. Crane

(Address) 1340 W. Lafayette Ave

15 MAY 9 - 1915 HARRY O. ARLEEN,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1915, to May 7 1915, that I saw h er alive on ap. 6 1915, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

About (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General debility

(Duration) — yrs. 4 mos. — ds.

(Signed) Chas. C. Conser M. D.

5-7-, 1915. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, May 9th, 1915.

20-UNDERTAKER E. M. McLellan & Co.

ADDRESS 1201 W. Fayette St.

N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C85163

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Ballentine

(Residence in Baltimore: No. 1529 Covington St St.; 17 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 4 (Day), 1846 (Year)

7-AGE 68 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Chester Co. Pa.

PARENTS.

10-NAME OF FATHER, James Peirce

11-BIRTHPLACE OF FATHER (State or Country), Chester Co. Pa.

12-MAIDEN NAME OF MOTHER Lidia Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Chester Co. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Coppock Daughter

(Address) 1429 Covington St

MAY 9 - 1915 Filed....., 191.... Harry O. Andrews Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr. 27 1915, to May 6 1915, that I saw h[illegible] alive on May 6 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis, ac. suppression (Duration) yrs. mos. 9 ds.

(Signed) Edwd. F. Johnson M. D.

May 6, 1915 (Address) St. J. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death / yrs. mos. 9 ds. In the State 17 yrs. mos. / ds.
Where was disease contracted, if not at place of death? 1529 Covington
Former or usual residence 1529 Covington.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel. DATE OF BURIAL, May 9, 1915.

20-UNDERTAKER Edw. L. Fanning. ADDRESS 1960 Bentley Av

N.B.—Particular attention should be given to the following: Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85164

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C85164

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Robert ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jarvis Jones

(Residence in Baltimore: No. 518 Robert St.; ....yrs. ....mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Infant.

6-DATE OF BIRTH: April 24, 1915 (Month) (Day) (Year)

7-AGE: ....yrs. ....mos. 14 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): 518 Robert St.

PARENTS

10-NAME OF FATHER: Eugene E. Jones

11-BIRTHPLACE OF FATHER (State or country): St Mary's Co. Md.

12-MAIDEN NAME OF MOTHER: Susie Jones

13-BIRTHPLACE OF MOTHER (State or country): Essex Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Susie E. Jones

(Address): 518 Robert Street

15- Filed MAY 9 - 1915 HARRY O. ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 8, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24, 1915, to, May 5 1915, that I saw h.... alive on May 7 1915, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Premature 8 months

(Duration) ....yrs ....mos. ....ds.

Contributory (SECONDARY)

(Duration) ....yrs ....mos. ....ds.

(Signed) Wm H. Magee M. D.

May 8, 1915. [Address] 1209 Freeman

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 9" 1915

20-UNDERTAKER: George H. Holland — ADDRESS: 512 Robert Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85165

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C85165

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1015 Argyle Ave. St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip Carper.

(Residence in Baltimore: No. 1015 Argyle Ave. St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November, 1847 (Month) (Day) (Year)

7-AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Trader
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Joseph Cooper.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Emma Nichols.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos Cooper

(Address) 1015 Argyle Ave

15. Filed MAY 9 - 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 7, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1915, to May 7 1915, that I saw h[illegible] alive on May 6, 1915, and that death occurred, on the date stated above, at 3:15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Arteri-Sclerosis

(Duration) yrs. mos. 18 ds.

(Signed) Edw F Fitzgerald M. D.

5/8, 1915 (Address) 1118 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 9. 1915

20-UNDERTAKER: George N. Holland

ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85166

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C85166

CERTIFICATE OF DEATH.

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Gorsuch ave ST.; 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Edward T. Stall.

Residence in Baltimore: No. 1106 Gorsuch ave St.; — yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1914.
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, A. John Stall.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Murray

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. John Stall.

(Address) 1106 Gorsuch ave

15-MAY 9 - 1915 HARRY O. ANDREWS,

Filed ..... 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 8, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 13 1915, to May 8 1915, that I saw h[im] alive on May 8 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

I. Broncho Pneumonia

(Following and Exhaustion) X

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. C. Parker M. D.

May 9, 1915. (Address) 1051 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary Cemetery — DATE OF BURIAL. May 9, 1915.

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

N.B.—Every item of information should be entered. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C85167

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C85167

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1604 N. Lafayette Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney H. Ritter

(Residence in Baltimore: No. 1604 North Lafayette Ave St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 14 (Day), 1836 (Year)

7-AGE: 78 yrs. 8 mos. 24 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Millwright & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Jesse Ritter

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. S. H. Ritter

(Address) 1604 Orchard Road, Ten Hills, Baltimore Co. Md

15

MAY 9 - 1915 HARRY O. ARLETT, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1915, to May 8 1915, that I saw him alive on May 7, 1915, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Mottenwon, M.D. M. D.

May 8, 1915 (Address) 1022 West Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	May 11, 1915
20-UNDERTAKER	ADDRESS
H. Allen Fuller	2043 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WHITE CERTIFICATE

C85168 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C85168

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1924 W Baltimore ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Geo D. Cannard

(Residence in Baltimore: No. 1924 W Balto St.: 15 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 18, 1873 (Month) (Day) (Year)

7 AGE: 41 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Geo Cannard.

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie S Bishop

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Cannard

(Address) 1924 W Balto St

15. MAY 9 - 1915 (Date) 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 8, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 — 1915 to May 8 1915 that I saw him alive on May 8 1915 and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Gastritis. Subacute

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) — yrs. — mos. 4 hrs

(Signed) J Wesley Cole M. D.

May 8, 1915 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: LOUDON PARK.

DATE OF BURIAL: MAY 10 1915

20 UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

C85169

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 C85169

1-PLACE OF DEATH Hebrew Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... St.: 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M Lish

(Residence in Baltimore: No. 931 W Fayette St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept (Month) 13 (Day) 1842 (Year)

7-AGE: 72 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home - work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Scotland

PARENTS

10-NAME OF FATHER: Robert Drummond

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Sophia Patterson

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs William L Boteler

(Address) Buckeystown Md

15- Filed MAY 9 - 1915 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4 / 19, 1915, to, May 7 1915, that I saw h-r alive on May 7 1915, and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Gall Stones
Liver Abscess

(Duration) — yrs 1 mos. — ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), M. B. Lavin M. D.

May 7, 1915. [Address] Hebrew Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos. 17 ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death? 931 W Fayette st

Former or usual residence 931 W Fayette st

19-PLACE OF BURIAL OR REMOVAL: MOUNT OLIVET. DATE OF BURIAL: MAY 9 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

C85170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C85170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 901 S. Charles ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Young

Residence in Baltimore: No. 901 S. Charles St. 39 yrs. 6 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 11th, 1875 (Month) (Day) (Year)

7-AGE: 39 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Charles Young

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Clara Young

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clara Young

(Address) 901 S. Charles St.

15. Filed MAY 9 - 1915, 191.....

[illegible] Clerk
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 7th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10th, 1915, to May 7th 1915, that I saw him alive on May 7th, 1915, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary & Laryngeal Tuberculosis

about 1 year (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. about mos. 4 ds.

(Signed) Amelia V. Zimmerman M. D.

May 7th, 1915 (Address) 1805 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: MAY 10 1915

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light

Spec.—5-19-13—M. & T.—500 Bks.

085171

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 085171

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 n Calhoun ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Johnson

(Residence in Baltimore: No. 1019 n. Calhoun St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day), 1871 (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Edward Emory

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Barrell

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Johnson

(Address) 1019 n Calhoun St

15-MAY 9 - 1915

Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1914, to May 7 1915, that I saw h[illegible] alive on May 6 1915, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Intestinal Tuberculosis
6 mo. (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart failure
Months (Duration) yrs. 1 mos. ds.

(Signed) Edward L Fisher M. D.

May 7, 1915. (Address) 1612 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pt Lookout — DATE OF BURIAL, May 9, 1915

20-UNDERTAKER Sam'l H. Chase & Son — ADDRESS 1400 Madison

N. B.—Every item of information must be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85172

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85172

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Thomas Ave St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dreyer

(Residence in Baltimore: No. 1809 Thomas Ave St.; 72 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Mar 19, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Widow) X

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Betz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J. Vohden

(Address) 1809 Thomas ave

15- Filed MAY 9 - 1915, 191. HARRY O. ARLETTS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1915, to May 7th 1915, that I saw h[illegible] alive on May 7th 1915, and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy X

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... M. D.

May 8th, 1915 (Address) 607 N. Chester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St Paul's at Druid Hill | DATE OF BURIAL, May 9, 1915

20-UNDERTAKER Geo Weber & Son | ADDRESS 2503 Edmondson ave

N. B.—Every item of information should be carefully supplied. Also, the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85173

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85173

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Hermman

(Residence in Baltimore: No. 626 Montford ave St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 10th, 1898
(Month) (Day) (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jesse D Conway

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara Young

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara V Conway

(Address) 780 Columbia Ave

15- MAY 9 - 1915 Filed, 191. EARLY C. ARLETTE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1915, to May 5 1915, that I saw h[illegible] alive on May 5 1915, and that death occurred, on the date stated above, at 11:48 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. mos. ds.

(Signed) Geo. A. Moran M. D.

5/5/15, 191... (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 626 Montford ave.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 10, 1915

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85174

C85174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Foster ave ST.; 1 WARD)

REGISTERED NO. C.....

*(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Dever

(Residence in Baltimore: No. 2306 Foster ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 1st, 1865
(Month) (Day) (Year)

7-AGE 39 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Dever

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Richeson

(Address) 2306 Foster Ave

15- MAY 9 - 1915

Filed ..., 191. MARK O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1915, to May 7 1915, that I saw h... alive on May 7 1915, and that death occurred, on the date stated above, at 5.00 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

... (Duration) ... yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

... (Duration) ... yrs. 6 mos. 5 ds.

(Signed) O Lee M. D.

5/9, 191.5. (Address) 1701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, May 10th 191.5.

20-UNDERTAKER John A Inman

ADDRESS Bank

No. 8.—Enumeration of items is required by law. Information must be carefully applied. Accurately classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly

C85175

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85175

CERTIFICATE OF DEATH. X 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Chambers.

(Residence in Baltimore: No. New Windsor Md. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Child

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 4 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

15- Filed MAY 9 - 1915, 191.. HARRY G. ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - Burns of Body Extensive
Clothing caught fire while playing with matches
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Thos. R. Chambers M. D. (Coroner.)
May 9, 191.5 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 2/12 mon. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence New Windsor Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Windsor Md	May 9, 191.5
20-UNDERTAKER	ADDRESS
Null Routson	230 N Gilmor

C85176

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C85176

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1522 Latrobe Park Terrace ST.; 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Worthington Jr.

(Residence in Baltimore: No. 1522 Latrobe Park Terrace St.; — yrs. — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 2 (Day), 1915 (Year)

7-AGE: — yrs. — mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Chas R. Worthington

11-BIRTHPLACE OF FATHER (State or country): Balto md.

12-MAIDEN NAME OF MOTHER: Emma E Applegarth

13-BIRTHPLACE OF MOTHER (State or country): Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Grace Redmond

(Address) 306 N. Gilmor St.

15-MAY 9 - 1915 Filed, 191

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 8 1915, that I saw h— alive on May 7 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Jones M. D.

May 9, 1915 (Address) 423 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 10, 1915

20-UNDERTAKER: George J. Smith

ADDRESS: 1100 W. Lexington St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85177

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C85177

1-PLACE OF DEATH: Little Sisters of the Poor — REGISTERED No. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Bridget Gavin

(Residence in Baltimore: No. 1021 Brentwood Ave St.; ——yrs. ——mos. ——ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 78 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Harry Barrett

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Gaur

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAY 9 - 1915 Filed ....., 191

HARRY C. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 8 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191....., to, ..., 191.....,
that I saw h..... alive on ....., 191.....,
and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:

Valvular disease of heart
unknown (Duration) ..... yrs ..... mos ..... ds.
Contributory (SECONDARY) Debility of age
..... (Duration) ..... yrs ..... mos ..... ds.
(Signed), F. A. Warner M. D.
May 8 1915 [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death 2 yrs 5 mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Pere Bal Md Co [illegible] — DATE OF BURIAL: 5/10/15

20-UNDERTAKER: Chas F. Evans & Son — ADDRESS: 1151 W Mt Royal ave

C85178

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85178

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH (a) CITY OF BALTIMORE (No. Pronounced dead at Mercy Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J. Doory.

(Residence in Baltimore: No. 1818 N. Caroline St. St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ~ November, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Thomas Doory.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Annie Connolly.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Doory.

(Address) Edmondson Ave.

15-FILED MAY 9 - 1915 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) Thos. H. Latimer M. D. (Coroner.)

May 9, 191. 5 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cem. DATE OF BURIAL, May 10 1915

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

Spec.—5-19-13—M. & T.—500 Blks.

085179 HEALTH DEPARTMENT—CITY OF BALTIMORE 085179

CERTIFICATE OF DEATH. REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Md Genl Hosp ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pleasant Almony

(Residence in Baltimore: No. White Hall Md St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 4 1914, (Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jefferson Almond

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Emil Almond

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. H. Kirkwood

(Address) White Hall Md

15- Filed MAY 9 - 1915, 191... HARRY C. ARLETT, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1915, to May 9th 1915, that I saw him alive on May 9th 1915, and that death occurred, on the date stated above, at 4:10 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

Accidentally struck his thumb with a fish (Duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Gouty Arteriosclerosis

Septicemia (Duration) yrs. mos. 14 ds.

(Signed) S. H. Kirkwood M. D.

5-9, 1915. (Address) Md Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. ds. In the State 51 yrs. — mos. 7 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence White Hall Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
White Hall Balto Co	May 11, 1915
20-UNDERTAKER	ADDRESS
George J. Smith	1806 Fayette St

N.B.—Extreme accuracy should be exercised in filling out this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85180

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85180

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital 77 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 8 U. S. Marine Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Williams

Residence in Baltimore: No. U. S. Marine Hospital St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Unknown 1 (Month) (Day) (Year)

7-AGE 20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Not known

11-BIRTHPLACE OF FATHER (State or country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or country) Not known

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Hospital record

(Address)

MAY 9 - 1915 Filed .191

HARRY C. ARDREY, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 8 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1915 to May 8 1915, that I saw him alive on May 8 1915, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis acute & Pericarditis acute & ~~Endocar~~ Mitral Insufficiency (Duration) Dont Know yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H. H. Carter M. D.

May 8, 1915 [Address] U. S. Marine H

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Nashville Tenn DATE OF BURIAL 5/10, 1915.

20-UNDERTAKER W. J. Tickner & Co ADDRESS Nashville Tenn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85181

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85181

CERTIFICATE OF DEATH

1920

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 538 Dolphin St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Jones

(Residence in Baltimore: No. 538 Dolphin St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 3rd (Day) 1860 (Year)

7 AGE: 55 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Prince Geo-Co. Md

PARENTS

10 NAME OF FATHER: Michael Jones

11 BIRTHPLACE OF FATHER (State or country): Prince Geo-Co. Md

12 MAIDEN NAME OF MOTHER: Annie R. Jackson

13 BIRTHPLACE OF MOTHER (State or country): Prince Geo-Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Jones

(Address) 242 Calvin St Baltimore

15 MAY 9 - 1915 Filed ....., 191 HARRY O. ATLEE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1915 to May 5 1915

that I saw h[illegible] alive on May 5 1915

and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Myocarditis

(Duration) 1 yrs. — mos. — ds.

(Signed) John S. Fisher M. D.

May 7, 1915 (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Elkridge Md — DATE OF BURIAL: May 10, 1915

20 UNDERTAKER: Mr. E. W. Pye — ADDRESS: 612 Whitelock Ave Catons

Spec.—5-19-13—M. & T.—500 Bks.

(85192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 ↓ (85192

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 N Gay St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Helmer

(Residence in Baltimore: No. 1232 N Gay St St.; 15 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, ... May (Month) 9th (Day) 1866 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, John Bley

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Helmer

(Address) 1232 N. Gay St

15 MAY 9 - 1915 HARRY O. ANDREWS,
Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 9th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1915, to May 9th 1915, that I saw h er alive on May 8th 1915, and that death occurred, on the date stated above, at 2.20 a.m.

The CAUSE OF DEATH* was as follows:

.....

Pneumonia (apparent)

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Jones M. D.

May 9th, 1915. (Address) 1301 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 11..., 1915.

20-UNDERTAKER Henry Keech & Son — ADDRESS 1301 E Eager St

N.B.—Each item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C65193

HEALTH DEPARTMENT—CITY OF BALTIMORE

152 C65193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2129 Cambridge ST.: 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Turner

(Residence in Baltimore: No. 2129 Cambridge St.: ~~yrs.~~ \ \ ~~mos.~~ 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, May (Month) 7th (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
~ yrs. ~ mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Elmer Turner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Irene Leffel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Turner

(Address) 2129 Cambridge St

MAY 9 - 1915 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~inquest~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~inquest~ (Inquest, autopsy of inquiry) and that said deceased came to ~his~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) D.W. Jones M. D. (Coroner)

May 9, 1915 (Address) 311 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenly Cemetery	May 9, 1915
20-UNDERTAKER	ADDRESS
Wendell Klopfer & Son	3[illegible] Lanvale St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85184

CERTIFICATE OF DEATH.

79 C85184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Forrest Place 10 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Whitney Sr

Residence in Baltimore: No. 1102 Forrest Place St.; —yrs.,—mos.—ds.)

N.B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. Terms such as CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct 4 (Month) (Day), 1830 (Year)

7-AGE, 84 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Geo H. Whitney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Fannie Whitney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Whitney

(Address) 1102 Forrest Place

15- Filed MAY 9 - 1915 191.. HARRY O. ... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1915, to May 7 1915, that I saw h[im] alive on May 7. 1915, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency,
Cardiac failure,
Gradual (Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Irving Miller M. D.
May 8., 1915. (Address) 108 E. Northern Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 10, 1915

20-UNDERTAKER H. C. Winfield — ADDRESS 614 Fremont Av

C85185 HEALTH DEPARTMENT—CITY OF BALTIMORE C85185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital ST.: 15 WARD) REGISTERED No. C 159

2-FULL NAME Charles F Krauer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3004 Westwood ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 21st (Day), 1887 (Year)

7-AGE, 27 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie E Krauer

(Address) 3004 Westwood

15- Filed MAY 10 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Pistol shot wound ass
near ah the angle of the right jaw

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah L Russell (Coroner.) M. D.

May 8th 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
National Cemetery	May 11. 1915.
20-UNDERTAKER	ADDRESS
J Herwig & Co	2004 Orleans

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C85186

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Aisquith St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schaffer

(Residence in Baltimore: No. 1522 Aisquith St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.): Widowed

6-DATE OF BIRTH: April 20, 1849. (Month) (Day) (Year)

7-AGE: 86 yrs. mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. G. Luckhardt

(Address) 1522 Aisquith

15- Filed MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 8, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 8 1915, that I saw h.r alive on May 7 191, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Endocarditis

(Duration) yrs. mos. 6 ds.

(Signed) John T. Avery M. D.

May 9 191.5 (Address) 1603 B'dway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem — DATE OF BURIAL: May 11, 1915

20-UNDERTAKER: J Herbst & Co — ADDRESS: 2008 Eden

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85187

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C85187

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1337 Calhoun St ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Singleton (Singelton)

(Residence in Baltimore: No. 1337 Calhoun St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month), 1855 (Year)

7 AGE: 60 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: George Cook

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Singleton

(Address) 1318 Chatsworth

15 MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 5 (Month) / 8 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/ 1915, to 5/7 1915, that I saw h[illegible] alive on 5/8 1915, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

a Cortex-enteritis

x General debility.

(Duration) — yrs. 1 mos. 7 ds

Contributory (SECONDARY) Enema.

(Duration) yrs. mos. 7 ds.

(Signed) B M McCuen M. D.

5/8, 1915 (Address) 2137 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 11, 1915

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH UNFADING INK, IS A PERMANENT RECORD

C85188

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85188

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C 37

CITY OF BALTIMORE: (No. 1338 Preston St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Mildred Owens

(Residence in Baltimore: No. 1338 Preston St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Col.	Infant

6-DATE OF BIRTH: Dec 6, 1913 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 2 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): 5 or 6 Gold St

PARENTS

10-NAME OF FATHER: Edward Owens

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Eva Grace Silghman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Sarge Silghman

(Address) 1338 Preston

15- MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 8, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1915, to, May 8 1915, that I saw her alive on May 7 1915, and that death occurred, on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Marasmus - Rickets,

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wm. H. Wright M. D.

May 8 1915 [Address] 1204 Preston St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 10, 1915

20-UNDERTAKER: James F. Dennis — ADDRESS: 1303 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 5-19-15 M. & T. 500 Blks.

Mrs Louise Godey.

C85189

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85189

CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. M Louise Godey

(Residence in Baltimore: No. Hotel Belvoir St.; 54 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... June ..... (Month) 29 (Day), 1857 (Year)

7-AGE, 57 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, David Wilson

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Caroline Livingood

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jacob L. Slagle

(Address) Calvert & 30th Sts. S.E. Cor.

15. MAY 10 1915 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

April 13

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 8 ..... (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1915, to May 8 1915, that I saw her alive on May 8 1915, and that death occurred, on the date stated above, at 5:00 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(Duration) 1 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Haemorrhage

(Duration) yrs. 1 mos. ds.

(Signed) Edwin L. Davis M. D.

May 8, 1915 (Address) Union Protestant Infy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 23 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Belvoir Home

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, 5-10.., 1915

20-UNDERTAKER Henry W. Justis & Sons

ADDRESS G. McCulloh & Orchard

N.B.—Every item of information should be carefully supplied. All the items should be stated EXACTLY. Indefinite or incomplete answers may cause CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-1f-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85190

CERTIFICATE OF DEATH.

113 C85190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 264 Robert ST.; 14 WARD) REGISTERED NO. C.....

2-FULL NAME Samuel Greenwald Sr (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 264 Robert St St.; ....yrs., mos. ds.)

B

N.B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 16 (Month) 16th (Day) 1843 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Mfr
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Moses Greenwald

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER Dont No

13-BIRTHPLACE OF MOTHER (State or Country), Dont No

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Greenwald Jr.

(Address) 1952 Linden ave

15- Filed MAY 10 1915, ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1915 to May 8 1915, that I saw h.m alive on May 8 1915 and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 2 mos. ds.

(Signed) J. H. Chapman M. D.

May 9, 1915 (Address) 1920 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Balto Hebrew	May 10, 1915
20-UNDERTAKER	ADDRESS
J. D. Kraus	101 Woodyear

Spec.—5-19-13—M. & T.—500 Bks.

C85191

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85191

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMCRE: (No. 1128 Battery Ave ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Hedwiga Braut.

(Residence in Baltimore: No. 1128 Battery Ave St.; 72 yrs., 4 mos. 28 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 10, 1842 (Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Frederick Henning

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Margaret Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Braut

(Address) 1128 Battery Ave

15- MAY 10 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 10 1915, to May 7 1915, that I saw her alive on May 7- 1915, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Obstruction

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(Duration) Several yrs. mos. ds.

(Signed) C E Buxton M. D.

5/8—, 1915. (Address) 20 E. Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 11, 1915.

20-UNDERTAKER E & B Hale ADDRESS 115 E Fred St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85192

CERTIFICATE OF DEATH.

170 C85192

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. Kallfus

(Residence in Baltimore: No. 609 N Calhoun St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) unknown, 1 (Day) ..... (Year)

7-AGE: about 70 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Louis Kallfus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Julia Gentlin

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carolina Louis

(Address) 609 N Calhoun St.

15 Filed MAY 10 1915, 191 ROBERT . BRAUTER, Burial Permit Clerk

Registrar.

Dr Mc Douglas
1012 Pier —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 8 (Day) ....., 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1915, to May 8 1915, that I saw h Ex alive on May 8 1915, and that death occurred, on the date stated above, at 2-30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes Disease of Kidneys

..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) W E Douglas M. D.

May 8, 1915. (Address) The Gallard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: May 10 1915

20-UNDERTAKER: W J Dickey & Son — ADDRESS: North & Penn

Spec.—5-19-13—M. & T.—500 Blks.

C85193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 C85193

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. ST.: 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elva M. Sowers

(Residence in Baltimore: No. 238 S. Stricker St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 6, 1891
(Month) (Day) (Year)

7-AGE, 23 yrs. 5 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Barker Keptner

11-BIRTHPLACE OF FATHER (State or Country) Va

12-MAIDEN NAME OF MOTHER Elizabeth Boyce

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Sowers

(Address) 605 S. Smallwood

15- MAY 10 1915 ROBERT . KRAUTER, Filed, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 8 1915, that I saw her alive on May 8 1915, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. Isaacs M. D.

May 8, 1915. (Address) Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1½ ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 238 S. Stricker St.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 10 1915

20-UNDERTAKER Wm Cook ADDRESS Fulton Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.A. FORT DAK

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85194

CERTIFICATE OF DEATH.

151

C85194

1-PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sowers

(Residence in Baltimore: No. 235 S. Strieder St.; yrs. mos. ds.)

parents

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, May (Month) 6 (Day), 1915 (Year)

7-AGE, yrs. mos. ds.

If LESS than 1 day, 12 hrs. or 40 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Paul Sowers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elva H. Hepting

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul F. Sowers

(Address) 606 S. Bradford

15- MAY 10 1915 ROBERT . KRAUTER, Filed, 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 7 1915, that I saw him alive on May 7 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 8, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	May 1915
20-UNDERTAKER Jno Cook	ADDRESS [illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blot.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85195

CERTIFICATE OF DEATH.

90 C85195

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. Fort Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonino Cingnegiani

(Residence in Baltimore: No. 508 E. Fort Ave. St.; ..... yrs., unknown mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. ACCURATE AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Shoe Maker.

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Antonina Cingnegrani

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Sarah Felica

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cingnegrani

(Address) 508 E Fort Ave

15- Filed MAY 10 1915. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/4 1915, to 5/8 1915 that I saw h m alive on 5/8 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

..... Chronic bronchitis.

.....

..... 2 .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Iron - pleurisy .....

..... (Duration) ..... 1 yrs. ..... mos. ..... ds.

(Signed) ..... C.M. Testa ..... M. D.

....., 191... (Address) ..... 210 Pearl St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, May 10, 1915

20-UNDERTAKER Lilly & Fuller

ADDRESS 403 S. Howard St

Andrew J. McFrederick

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85196 — CERTIFICATE OF DEATH — 62 C85196

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2701 Eastern Ave ST.: 12 WARD)

2-FULL NAME Andrew J. McFrederick

(Residence in Baltimore: No. 2212 Maryland ave St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 7 (Day), 1846 (Year)

7-AGE: 69 yrs. 1 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Building Contractor

9-BIRTHPLACE (State or country): Harford Co Md

PARENTS

10-NAME OF FATHER: Jomes McFrederick

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Calvert

13-BIRTHPLACE OF MOTHER (State or country): Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. McFredericks

(Address) 2212 Marylandave

15- MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1911, to, May 7, 1915, that I saw him alive on May 7 1915, and that death occurred, on the date stated above, at 11:25 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia.

(Duration) 5 yrs ..... mos ..... ds.

Contributory (SECONDARY) Rheumatism

(Duration) 1 yrs mos 5 ds.

(Signed), O L Long M. D.

5/7 1915 [Address] 2701 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: May 10 1915

20-UNDERTAKER: H. Sander & Sons — ADDRESS: 1700 Filbert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85197 — 115 — C85197

1 PLACE OF DEATH — REGISTERED No. C.....

(a) CITY OF BALTIMORE: (No. 1434 Homestead St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Chase

(Residence in Baltimore: No. 1434 Homestead St. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept. (Month) 5 (Day), 1830 (Year)

7-AGE: 84 yrs. 8 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Nicholas Metzler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Rosiana Wagner

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Onion

(Address) 1434 Homestead St

15. Filed MAY 10 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1915, to, May 7 1915, that I saw h[illegible] alive on May 7 1915, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart (Primary) X

(Duration) yrs. mos. 11 ds.

Contributory (SECONDARY): Obstruction

(Duration) yrs. mos. ds.

(Signed), Ged F Young M. D.

May 8, 1915. [Address] 1931 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL: May 10, 1915

20-UNDERTAKER: Wm. C. Black — ADDRESS: 2126 Jefferson St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85198

CERTIFICATE OF DEATH.

9r C85198

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Burgundy alley ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Allen

(Residence in Baltimore: No. 607 Burgundy alley St.; 7 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Blk	Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1865 (Year) aft. 28

7-AGE, 50 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Hames Allen

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Allen (wife)

(Address) 607 Burgundy alley

15- Filed MAY 10 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1915, to May 7, 1915, that I saw him alive on May 7, 1915, and that death occurred, on the date stated above, at 9.40 P. m.,

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Exhaustion

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 12 ds.

(Signed) [illegible] M. D.

5/8/15 (Address) 426 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 10 1915

20-UNDERTAKER John H. Owens — ADDRESS 1212 Division

C85199 HEALTH DEPARTMENT---CITY OF BALTIMORE C85199

CERTIFICATE OF DEATH

130

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital Baltimore ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Peddicord

(Residence in Baltimore: No. 409 north Streeper St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 12th (Month), ... (Day), 1883 (Year)

7-AGE: 31 yrs. 8 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Henry Eifert Sr

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Catherine Hoffman

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Norman T. Peddicord

(Address) 409 N. Streeper St

15- Filed MAY 10 1915 ..... 191 ..... ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1915, to, May 9 1915, that I saw her alive on May 9 1915, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

Pelvic Inflammation X

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), M B Levine M. D.

....., 191..... [Address] Hebrew Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 4 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 409 North Streeper

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 12/15 191....

20-UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH BURIAL INSTRUCTIONS, TO BE GIVEN TO UNDERTAKER

C85200 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 C85200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 890 Clifford ST.: 21 WARD) REGISTERED No. C.
2-FULL NAME Henrietta Frisby
(Residence in Baltimore: No. 890 Clifford St.: yrs., mos. ds.)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 1S.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow
6-DATE OF BIRTH, ..., 1834 (Month) (Day) (Year)
7-AGE, 81 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, —— Thompson
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Josephine Frisby
(Address) 890 Clifford St.

15-
Filed MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Unknown Chronic disease
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senility
(Duration) yrs. mos. ds.
(Signed) Isaac Hershberg (Coroner) M. D.
May 9th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery
DATE OF BURIAL, May 10, 1915
20-UNDERTAKER John H Todd
ADDRESS 142 Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85201 — CERTIFICATE OF DEATH. — x 30 C85201

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredk. G. Kosmer (Koerner)

(Residence in Baltimore: No. Fullerton Md 2nd St.; ....yrs....mos....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 6 (Month) 30 (Day) 1890 (Year)

7-AGE, 24 yrs. 10 mos. 8 ds. — If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Milk Wagon

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Koerner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAY 10 1915, 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 191.., to May 8 191.., that I saw h.. alive on May 8 191.., and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Intercostal Neuralgia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward F. Smith M. D.

May 8, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Fullerton Md

Former or usual residence Fullerton Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, May 12th, 1915

20-UNDERTAKER Frederick Cassatti & Sons — ADDRESS Fullerton Md

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85202

CERTIFICATE OF DEATH.

28 C85202

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Bequer ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Bohle

(Residence in Baltimore: No. 1511 Beason St.; ....yrs....mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Feb. 4, 1874 (Month) (Day) (Year)

7-AGE 41 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Chas Bohle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Gist

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Bohle

(Address) 1511 Beason St

15- MAY 10 1915 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1915, to May 8 1915, that I saw h— alive on May 8 " 1915, and that death occurred, on the date stated above, at 12.30 Pm.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Independent

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R. E. Campbell M. D.

May 10, 1915. (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Thursday Cemetery — DATE OF BURIAL, May 12, 1915

20-UNDERTAKER H G Rother Sons — ADDRESS Pimlico Md

C85203

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C85203

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 702 East 20th St.; 9th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas O'Neill.

(Residence in Baltimore: No. 702 East 20th St.; 4 hours. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White.

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single.

6-DATE OF BIRTH: May 9th, 1915 (Month) (Day) (Year)

7-AGE: 4 Hours. yrs. mos. ds. | If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): 702 East 20th St.

• PARENTS

10-NAME OF FATHER: Thomas F. O'Neill.

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Loretta M. Reilly.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas O'Neill

(Address) 702 E 20th St.

15. MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk

Filed ..., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 9th, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9th, 1915, to May 9th 1915; that I saw him alive on May 9th, 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

(a) Premature delivery.

6½ months (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Allen Pirtle M. D.

May 9th, 1915. (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: May 12, 191..

20-UNDERTAKER: C. A. Weidefeld Jr | ADDRESS: Eutaw and Lee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks. Emil C. Groth

C85204 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C85204

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil C. Groth

(Residence in Baltimore: No. 2137 E Oliver St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 25, 1871
(Month) (Day) (Year)

7-AGE, 43 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillie Groth

(Address) 2137 E. Oliver St.

15- MAY 10 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1915, to May 8 1915, that I saw h[illegible] alive on May 8 1915, and that death occurred, on the date stated above, at 9 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) yrs. 6 mos. ds.

(Signed) F. E. Hearn M. D.

May 8, 1915. (Address) 1301 W Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 11 1915.
20-UNDERTAKER H E Stughes	ADDRESS 175 S Broadway

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85205

CERTIFICATE OF DEATH.

10 C85205

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Jackson ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annastatia Harvey

Residence in Baltimore: No. 1508 Jackson St.; 30 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Married

6-DATE OF BIRTH, ... 4 (Month) ..... 20 (Day), 1881 (Year)

7-AGE, 33 yrs. ..... mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Knitter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Mass

PARENTS.

10-NAME OF FATHER, John McNamara

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Denton

13-BIRTHPLACE OF MOTHER (State or Country), Boston Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burt Harvey

(Address) 1508 Jackson St.

15- Filed MAY 10 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/27 1915, to 5/8 1915, that I saw her alive on 5/8 1915, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Myocarditis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Lagrippe

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) L. L. Livingston M. D.

5/8, 1915 (Address) 1122 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. Co	May 11, 1915
20-UNDERTAKER	ADDRESS
Wm J. E. Evans & Sons	1428 N. Charles St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85206 HEALTH DEPARTMENT—CITY OF BALTIMORE C85206

CERTIFICATE OF DEATH.

REGISTERED No. C 79

PLACE OF DEATH

CITY OF BALTIMORE (No. 658 George street ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Copper,

(Residence in Baltimore: No. 658 George street, St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, Unknown, (Month) / (Day) / (Year)

7-AGE, 50 ? yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer, day.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Garner, friend,

(Address) 603 George street.

15-

Filed MAY 10 1915. 191. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner.)

May 10th 1915. (Address) 3310 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, 5/10 19.15

20-UNDERTAKER Samuel L Hensley ADDRESS 780 Bdo

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85207

CERTIFICATE OF DEATH.

C85207

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Riverside St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones

(Residence in Baltimore: No. 1517 Riverside St.; 10 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wife
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Wolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Stockett

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Wolf

(Address) 1517 Riverside Ave

15- Filed MAY 10 1915, 191.....

ROBERT . KRAUTER
Bur. Act Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to May 7th 1915, that I saw h Er alive on May 7 1915, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Uterus

(Duration) 1 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Kidneys

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) H. Lee Strauch M. D.

May 10, 1915. (Address) 1328 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bath Cem

DATE OF BURIAL, May 10, 1915

20-UNDERTAKER John J. Tobey & Son

ADDRESS 131 W. Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C85208 HEALTH DEPARTMENT—CITY OF BALTIMORE 61 C85208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S Durham ST.; V WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Yagel

(Residence in Baltimore: No. 208 S. Durham St St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, June 10, 1914
(Month) (Day) (Year)

7-AGE, yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Philip L. Yagel

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Elizabeth Blessing

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Yagel

(Address) 208 S. Durham St.

15- FILED MAY 10 1915 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 29 1915, to May 10 1915, that I saw her alive on May 9 1915, and that death occurred, on the date stated above, at 3.22 a m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Neurasthenia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E Russell M.D. M. D.

5/11, 1915. (Address) 807 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, May 11, 1915

20-UNDERTAKER Henry Hoeck & Son — ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 C85209

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. ~~[illegible]~~ 1103 McElderry St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Mastaso

(Residence in Baltimore: No. 1103 McElderry St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February 26, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Pasquale Mastaso

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Angie Bendetto

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Carmela Mastaso

(Address): 1103 McElderry St

15 Filed MAY 10 1915 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 10, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1915 to May 10, 1915.
that I saw h[illegible] alive on May 8, 1915.
and that death occurred, on the date stated above, at 5¼ m.
The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY): Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) P. E. Lelly M. D.

May 10, 1915 (Address) 502 S. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Vincents Cemt — DATE OF BURIAL: May 10 1915

20 UNDERTAKER: Leffler Jr. — ADDRESS: 403 S. Wolfe

& T.—2000 Bks.

Cem. 29

HEALTH DEPARTMENT—CITY OF BALTIMORE

109

CERTIFICATE OF DEATH.

REGISTERED No. C 8209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 McElderry ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mastaso

(Residence in Baltimore: No. 1103 McElderry St. St.; yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Feb 26, 1915 (Month) (Day) (Year)

7-AGE, yrs. 7 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Pasquale Mastaso

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Annie

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pasquale Mastaso

(Address) 1103 McElderry St

15- Filed May 10/15 191.

ROBERT . DOROTHY, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1915, to May 10, 1915, that I saw h[illegible] alive on May 9, 1915, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) P. E. Lilly M. D.

May 10, 1915. (Address) 501 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem DATE OF BURIAL, May 11, 1915.

20-UNDERTAKER Lilly & Zieler ADDRESS 403 Mad[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C85210

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 W Lexington St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Colbert

(Residence in Baltimore: No. 1529 W. Lexington St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 4 (Day), 1848 (Year)

7-AGE, 65 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Music

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Levin E Colbert

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eaks-O'Brien

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Moriarty

(Address) 1523 W Lexington St

15- MAY 10 1915 Filed....., 191.... BUREAU OF VITAL STATISTICS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915, to May 9 1915, that I saw h.. alive on May 8 1915, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Mutual Insp. Brigham, Heart

(Duration) ....yrs. 2 mos. ....ds.

(Signed) W. A. O'Neill M. D.

May 10, 1915. (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet — DATE OF BURIAL, May 11, 1915.

20-UNDERTAKER Martin Fahey & Son — ADDRESS 606 E Fayette

Spec.—5-10-13—M. & T.—500 Bks.

C85211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C85211

1-PLACE OF DEATH Hahnemann Gen. Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1111 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. William Wagner

(Residence in Baltimore: No. 1214 Laurens St St.; 80 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Charles Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Teresa Wagner
(Address) 1214 Laurens St.

15- Filed MAY 10 1915, 191. DEPUTY C. A. BOARD, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3rd 1915, to May 10th 1915, that I saw h[illegible] alive on May 10th 1915, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Uremic Poison
(Unknown)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown
Unknown (Duration) yrs. mos. ds.

(Signed) J. Lyon Evans M. D.
May 10, 1915 (Address) 101 N. Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State 80 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 214 Laurens St.
Former or usual residence 1214 Laurens St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 13 1915

20-UNDERTAKER Martin Fahey Son — ADDRESS 606 Lafayette Ave

C85212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85212

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 504 Orchard street, ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Clayton Clark,

(Residence in Baltimore: No. 504 Orchard street, St. 11 yrs., 5 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH, September (Month) 7th (Day), 1903. (Year)

7-AGE, 11 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At school,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wallace Clark,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Susie Holly,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Clark, mother.

(Address) 504 Orchard street.

15- Filed MAY 10 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs.....mos.....ds.

(Signed) F. Fredrick Kempel M. D.
(Coroner.)

May 10th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Greenmount, DATE OF BURIAL, May 11th, 1915.

20-UNDERTAKER James Enright ADDRESS 1364 Mary

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085213

CERTIFICATE OF DEATH.

10 085213

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Wuestland

(Residence in Baltimore: No. 2601 E. Madison St.; 38 yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 23 (Day) 1876 (Year)

7-AGE, 38 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Frederick Wuestland

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Lindman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Wuestland

(Address) 2601 E. Madison

15-

Filed MAY 10 1915, 191 MARY C. ARMENTROUT Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to May 7 1915, that I saw him alive on May 7 1915; and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Chas B Lenman M. D.

May 8, 1915. (Address) 718 Wallace St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Mathews — DATE OF BURIAL, May 11, 1915

20-UNDERTAKER J. J. Iden — ADDRESS 1914 E. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1814 C85214

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Dock foot of Frederick ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) None

(Address).....

MAY 10 1915 HARRY G. ANDREAS, Burial Permit Clerk.

....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning

Cause Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wesley Sasser, M. D.
(Coroner.)

1915 (Address) 129 Madison Ave

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, MAY 10 1915

20-UNDERTAKER, Commissioner Health, Per. Wm. E. WOODALL.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

Duplicate C85215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 X C85215

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Panacuk

(Residence in Baltimore: No. Sparrows Point Md St.; ....yrs.,....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Married

6-DATE OF BIRTH, Oct. (Month) 22 (Day), 1887 (Year)

7-AGE, 27 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Steelworker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Michael Panacuk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ford Mercy Hosp.

(Address) Calvert St.

15- MAY 10 1915 HARRY O. ANDREWS,

Filed....., 19.. Special Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 23 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15 1915, to Apr. 23 1915, that I saw him alive on Apr. 23 1915, and that death occurred, on the date stated above, at 1.00 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonic Abscess
Exhaustion Apr. 22-1915.
about
(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) General Septicaemia
about
(Duration) ....yrs. ....mos. 8 ds.

(Signed) Edward J. Swift M. D.

Apr. 23, 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 8 ds. In the State 3 yrs. — mos. — ds.

Where was disease contracted if not at place of death? Sparrows Point Md

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, MAY 10 1915

20-UNDERTAKER Commissioner Health, ADDRESS

Per. WM. F. WOODAL

C85216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C85216

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Water Foot of Bush St. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Unknown

6 DATE OF BIRTH: Unknown (Month) ....., 1 (Day) ..... (Year)

7 AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE. (State or Country): Unknown

PARENTS.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or Country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or Country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Southern Police Station

(Address) .....

15 Filed MAY 10 1915 191.. HARRY O. ATTERS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH ..... August (Month) 30 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found after 3 or 4 months in water

Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... 4 ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Gruwell M. D. (Coroner.)

Aug 7, 1915. (Address) 511 South St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: MAY 10 1915

20 UNDERTAKER: Per. Wm. S. WOODALL, ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

C85217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 C85217
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Brought dead Mercy Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
about 48 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Police Records
(Address).....

15- Filed MAY 10 1915, 191... HENRY O. ANDERSON, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Oedema of Brain
.....
.....
..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Alcoholism
..... (Duration).....yrs.....mos.....ds.

(Signed) F. A. Richardson M. D.
(Coroner.)
May 3, 1915. (Address) 18 N. Fremont St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, MAY 10 1915

20-UNDERTAKER Commissioner of Health. ADDRESS
Per. WM. S. WOODALL

C85218 HEALTH DEPARTMENT—CITY OF BALTIMORE 184 C85218

CERTIFICATE OF DEATH.

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST., 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles McHerd

(Residence in Baltimore: No. 650 W Balto St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Unknown

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Advertising Manager
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Australia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAY 10 1915 191..... HARRY O. ATLEE, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(Immediate)
was struck or pushed by car
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Potter M. D.
(Coroner.)
May 7, 191.. (Address) 413 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL MAY 10 1915

20-UNDERTAKER Commissioner of Health, ADDRESS Eng. Wm. E. Burns

Registrar.

C85219 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C85219

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST., 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Roy

(Residence in Baltimore: No. 910 Ruxbury St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH CARBONS FOR THIS RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15 MAY 10 1915 MARY O. ATHEY,
Filed, 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. L. Jones M. D.
May 7, 1915 (Address) 1415 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY
DATE OF BURIAL, MAY 10 1915

20-UNDERTAKER Robert Keith
ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85220

CERTIFICATE OF DEATH.

9V C85220

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Banka

(Residence in Baltimore: No. 1516 Wilmon alley St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): ~~Married~~

6-DATE OF BIRTH, ... Jan (Month) 18 (Day), 1875 (Year)

7-AGE, 40 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), ~~Md~~ Va

PARENTS.

10-NAME OF FATHER, Stillain Banko

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Katharine Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred'k Mercy Hosp

(Address) Calvert St

15- Filed MAY 10 1915 ROBERT C. ..., Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 8 1915, that I saw h[im] alive on May 8 1915, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

abt

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

May 8, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 35 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1516 Wilmon al.

Former or usual residence 1516 Wilmon al

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, May 11, 1915

20-UNDERTAKER Robt A Elliott — ADDRESS 508 E...

C85221

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C85221

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Chatsworth St. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Gillett

(Residence in Baltimore: No. 1223 Chatsworth St.; 5 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single.

6-DATE OF BIRTH: April (Month) 4. (Day) 1910 (Year)

7-AGE: 5 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Paul. Gillet

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Jane. Brown.

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul. Gillet

(Address) 1223. Chatsworth St

MAY 10 1915 Filed ..., 191... HARRY O. ANDERS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1915 to May 8 1915, that I saw h[illegible] alive on May 8 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs 1 mos. ... ds.

Contributory (SECONDARY) Eczema

(Duration) yrs 3 mos. 7 ds.

(Signed) J. H. Blankenship M. D.

May 8, 1915. [Address) 1223 Chatsworth St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery. DATE OF BURIAL: May 11 1915

20-UNDERTAKER: Milton Davis ADDRESS: 16 S. McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85222

CERTIFICATE OF DEATH

120 C85222

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 N Fayette St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Merle

(Residence in Baltimore: No. 935 N Fayette St.; 52 yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Wht

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 29 (Day), 1862 (Year)

7-AGE: 52 yrs. 4 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Prop.

9-BIRTHPLACE (State or country): Baltimore, Md.,

PARENTS

10-NAME OF FATHER: Andrew Merle

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Helena Merle

(Address) 935 N Eighth St.

15-MAY 10 1915 HENRY D. ANDREWS, Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 7, 1915, to, May 10 1915, that I saw h-- alive on May 10 1915, and that death occurred, on the date stated above, at 3 30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Interstatial

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (SECONDARY) Uraemic Coma

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H Norwood M. D.

May 10, 1915 [Address] 939 N Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: May 13 1915

20-UNDERTAKER: George J. Smith

ADDRESS: 1330 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85223

CERTIFICATE OF DEATH.

81 C85223

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Fulton Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Voight

(Residence in Baltimore: No. 15 N Fulton Ave St.; 65 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 10 (Day), 1828 (Year)

7-AGE, 86 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work - None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kirchgiane

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elz. Voight

(Address) 15 N. Fulton Ave

15- MAY 10 1915 HARRY O. ARLEES,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1915, to May 9 1915, that I saw her alive on May 9 1915, and that death occurred, on the date stated above, at 11 25 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) E. McGlaban M. D.

May 10, 1915. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 12, 1915

20-UNDERTAKER George J. Smith — ADDRESS 1300 Eutaw St

C85224

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 85224

CITY OF BALTIMORE (No. 711 Ramsay St. — St.: 21 — WARD)

2-FULL NAME Caroline Greise

(Residence in Baltimore: No. 711 Ramsay St. — St.: — yrs. — mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Married

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1860 (Year)

7-AGE: 54 yrs. 6 mos. 25 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Fred. H. Hilsmann

11-BIRTHPLACE OF FATHER (State or country): Bremen Germany

12-MAIDEN NAME OF MOTHER: Maria Pelgram.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F. Greise

(Address) 711 Ramsay St.

15 Filed MAY 10 1915, 191 — HARRY C. ANDREWS, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1914, to May 8 1915, that I saw her alive on May 8, 1915, and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Interstat nephritis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Mitral stenosis

(Duration) 1 yrs. mos. ds.

(Signed) Wm Lee Howard M. D.

May 9, 1915 (Address) 711 Ramsay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Beth Israel — DATE OF BURIAL: 5 11 1915

20-UNDERTAKER: H Brauning & Son — ADDRESS 811 N. Schroeder

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C85225 HEALTH DEPARTMENT—CITY OF BALTIMORE 9

CERTIFICATE OF DEATH. 159 C85225

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Druid Hill Park ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria F. Jourdan

(Residence in Baltimore: No. 1716 N. Fremont Ave St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 8 (Day), 1840 (Year)

7-AGE, 74 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, J. Kellerman

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Maria Galetz

13-BIRTHPLACE OF MOTHER (State or Country) Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. R. Gross

(Address) 1716 N. Fremont Ave

15- MAY 10 1915 HARRY C. ARDEN, Filed....., 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st Gun shot wound of head

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Hart Hayes M. D.

(Corner)

May 9, 191.5 (Address) 3648 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, May 11, 1915

20-UNDERTAKER Wm. Cook ADDRESS 502 E. North ave

FILL

C85226 HEALTH DEPARTMENT---CITY OF BALTIMORE C85226

CERTIFICATE OF DEATH 40

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Field, ST.: 13th, WARD)

2-FULL NAME Ida Elizabeth Jackson

(Residence in Baltimore: No. 703 Field

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 39 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 13th, 1875 (Month) (Day) (Year)

7-AGE: 39 yrs. 11 mos. 7/24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): York Co. Pa.

PARENTS

10-NAME OF FATHER: Jessie Robertson

11-BIRTHPLACE OF FATHER (State or country): Penn York Co. Pa

12-MAIDEN NAME OF MOTHER: Otrilla Bollinger

13-BIRTHPLACE OF MOTHER (State or country): York Co. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David A. Jackson

(Address) 703 Field St

15- MAY 10 1915 HARRY C. ATTEYS, Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 5th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1914, to May 5th 1915, that I saw h.r alive on May 5th 1915, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Starvation and Exhaustion

Operation Ha Hysterectomy Exam (Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Perforation of Stomach Duodenum Ulcer

(Duration) 1 yrs. mos. ds.

(Signed) Vernon Tolly M. D.

5/10th, 1915 [Address] 5/10th 1915

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Balto Co. DATE OF BURIAL: May 11th 1915

20-UNDERTAKER: Thomas H. + Son ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C85227 — 19 C85227

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 N. Milton Ave. ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burns Lireman

(Residence in Baltimore: No. 1137 No Milton Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) ~~Married~~

6-DATE OF BIRTH, May (Month) 7 (Day) 1843 (Year)

7-AGE, 72 yrs. 0 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Liverman

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary Waggent (Waggent)

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Burns

(Address) 1137 North Milton Ave

15- Filed MAY 11 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 8 1915, that I saw him alive on May 7 1915, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic Interstitial

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Infirmities

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. P. Carman M. D.

May 10, 1915 (Address) 1701 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, May 11, 191...

20-UNDERTAKER Monk & Son ADDRESS 502 W. Lexington St.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—8-24-14—M. & T.—2000 Blks.

C85228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C85228

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 E Chase St.; 1 WARD)

2-FULL NAME John E Williams

(Residence in Baltimore: No. 1607 E Chase St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~MARRIED~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, February 12 (Month) (Day), 1827 (Year)

7-AGE, 86 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G Williams

(Address) 1607 E Chase St

15- Filed MAY 11 1915, 191.... ROBERT . KRAUT... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1915, to May 10 1915, that I saw h.. alive on May 10 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

An Fourth of Ugh

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Edwin C Edwards M. D.

May 10, 1915. (Address) 1744 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pall Lawn Cemetery — DATE OF BURIAL, May 13, 1915

20-UNDERTAKER Robt J Turner — ADDRESS 1XX2 4 Bway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85229

CERTIFICATE OF DEATH.

91 C85229

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 Mosher St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Daniel McWilliams

(Residence in Baltimore: No. 554 Mosher St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 10 (Day), 1915 (Year)

7-AGE, 0 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Daniel McWilliams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nora Hayden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora McWilliams

(Address) 554 Mosher St

15- MAY 11 1915 ROBERT . KRAUTHOFF, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 — 1915, to May 10 1915; that I saw him alive on May 9 — 1915; and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Infant Failure

(Duration) ....yrs. ....mos. 2 ....ds.

(Signed) Samuel A Bani M. D.

May 10 1915 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	May 11, 1915.
20-UNDERTAKER	ADDRESS
Helig & Frye	1012 E Monument St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85230

CERTIFICATE OF DEATH.

170 C85230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca M. Sauke

(Residence in Baltimore: No. 307 E 24th St. St.; 62 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, May 28, 1852 (Month) (Day) (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Heathcia Necht (Foster)

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Smith

(Address) Mercy Hospital

15- Filed MAY 11 1915 ROBERT . KRAUTER, Registrar. Vol. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1915, to May 11 1916, that I saw h[illegible] alive on May 11 1915, and that death occurred, on the date stated above, at 8.55 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephrit.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Smith M. D.

May 11, 1915. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 307 E 24th St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	May 14, 1915
20-UNDERTAKER, C. A. Neidlinger Jr	ADDRESS Greenmount Ave

Spec.—5-19-11—M. & T.—500 Bks.

Bessie Freeman

C85231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 20 C85231

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. ~~Peter~~ Bessie Freeman

(Residence in Baltimore: No. Elkwood Va.

St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 10, 1862.
(Month) (Day) (Year)

7-AGE, 52 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Housewife....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Cayton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Susan Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Reed

(Address) 1310 Eutaw Place.

15-Filed MAY 11 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1915, to May 10 1915, that I saw her alive on May 10 1915, and that death occurred, on the date stated above, at 6 ? m.

The CAUSE OF DEATH* was as follows:

....Anaemia....Nephritis....

.....

.....

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY. Pulmonary Edema
(Secondary)

..... (Duration).....yrs.....mos...2...ds.

(Signed) Edward L. Tavel M. D.

....., 191... (Address) U.P.E.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Atlantic City

Former or usual residence Elkwood Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cemetery	May 12, 1915
20-UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co	Orchard St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C85232

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1400 N. Fawsle ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Arthur Watson

(Residence in Baltimore: No. 1400 W Fawsle St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: June (Month) 7 (Day), 1840 (Year)

7 AGE: 74 yrs. 11 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Real Estate agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: John Watson

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth Selby

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Watson

(Address) 1400 W Fawsle St

15 Filed MAY 11 1915, 191

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 11 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1915, to May 10 1915, that I saw h.. alive on May 10, 1915, and that death occurred, on the date stated above, at 2.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Influenza

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed), M. H. Arthur M. D.

May 11, 191 5 (Address) 1426 Maunsell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western bm. DATE OF BURIAL: May 13, 1915

20 UNDERTAKER: W. J. Tickner & Son ADDRESS: North & Pa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85233

CERTIFICATE OF DEATH.

66 C85233

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 N North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Hunter

(Residence in Baltimore: No. 3012 N North Ave St.: 78 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Oct 7 1836 (Month) 7 (Day), 1836 (Year)

7-AGE, 78 yrs. 6 mos. X ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Scott

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Margaret Polk

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Hunter Jr.

(Address) 3012 N. North Ave.

15- Filed MAY 11 1915 ROBERT . KRAUTER, Burial Permit Clerk 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915, to May 9 1915, that I saw h[illegible] alive on May 8 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

..... (Duration)...4..yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Hemiplegia — Right

..... (Duration)...4..yrs.....mos.....ds.

(Signed) Louis Edmunds M. D.

May 9....., 1915.. (Address) 700 W. N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, May 11....., 1915..

20-UNDERTAKER W. J. Carlin & Son — ADDRESS Homax Nath

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85234

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

xgv C85234

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Wilson

(Residence in Baltimore: No. Shell Rd. Md St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 8, 1877 (Month) (Day) (Year)

7-AGE: 17 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wood Wilson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Hazelton

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Blurry

(Address) J. H. Hosp.

15- Filed MAY 11 1915 ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30, 1915, to, May 10 1915, that I saw him alive on May 10 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia.

(Duration) yrs mos. 14 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C. W. Allbaugh M. D.

May 10, 1915 [Address] J. H. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos. 11 ds. In the State 17 yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence Shell Rd. Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Winchester Md	May 11 1915
20-UNDERTAKER	ADDRESS
Lilly & Geiler	405 S. Wolfe St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85235 — 1-PLACE OF DEATH

92 C85235 — REGISTERED No. C.....

CITY OF BALTIMORE (No. 720 Ramsey St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ursula J. Bunny

(Residence in Baltimore: No. 720 Ramsey St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. (Month) 10 (Day), 1860 (Year)

7-AGE: 54 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: William Shipard.

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Gaste Marks

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Darcy Castin

(Address) 720 Ramsey St.

MAY 11 1915 Filed ....., 191 — ROBERT F. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1915, to May 10 1915, that I saw h-er alive on May 9, 1915, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Bentley Young M. D.

May 11, 1915 (Address) 729 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 12th, 1915

20-UNDERTAKER: John Fields — ADDRESS: 1200 W. Fremont

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85236

CERTIFICATE OF DEATH.

79

C85236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Spring ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and add ont No. 18.)

2-FULL NAME Sarah Hecker

(Residence in Baltimore: No. 101 S. Spring St St.; 27 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) (Day) 1840 (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15-MAY 11 1915 ROBERT, KRAUTER, Filed....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8th 1915, to May 10 1915, that I saw h er alive on May 8th 1915, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) A. T. Pace M. D.

May 11, 1915. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, 5/11, 1915.

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85237 HEALTH DEPARTMENT—CITY OF BALTIMORE C85237

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 223 N. Fulton Ave ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert M Hutchins

(Residence in Baltimore: No. 223 N. Fulton ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 6 (Day) 1852 (Year)

7-AGE, 63 yrs. 3 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): (Brore)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wm. J. Hutchins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Glass

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm J Hutchins
(Address) 223 N. Fulton Ave

15-
Filed MAY 11 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8th 1915, to May 9 1915, that I saw h[illegible] alive on May 9 1915, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

a. Chronic Interstitial Nephritis

b.

c. about (Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

d. (Duration) ... yrs. ... mos. ... ds.

(Signed) E. B. Metzger M. D.

May 10, 1915 (Address) 1711 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem	May 11, 1915
20-UNDERTAKER	ADDRESS
Chas E. Brandt	802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~85238~~ 16~~85238~~ 16~~85238~~

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Payne Jr

Residence in Baltimore: No. 3378 Belair Road St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 1st (Day), 1913 (Year)

7-AGE, 1 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles F Payne

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edna Pearson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Pearson

(Address) Valley View Av

15-

FILED MAY 11 1915 ROBERT KRAUSE Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic Acid Poisoning (Accidental)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Elijah L Cassell M. D. (Coroner.)

May 10th, 1915. (Address) 423 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bath Cem	May 12 1915
20-UNDERTAKER	ADDRESS
Jno. F. Fahey & Sons	131 E Eager St

C85239

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

682980

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST.; 17 WARD)

2-FULL NAME Edward C. Kirby

(Residence in Baltimore: No. 1146 Penn ave ; St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Feb 8 (Month), 1859 (Day), (Year)

7-AGE: 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Dentistry
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: John E. Kirby.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eleanor Richardson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ABCurry.

(Address) J. H. Hosp.

15- Filed MAY 11 1915 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 28, 1915, to, May 11 1915, that I saw h[illegible] alive on May 11 1915, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver.
(atrophic.)

(Duration) — yrs 1 mos — ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) P. H. Clough. M. D.

May 11, 1915 [Address] J. H. Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State 56 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1146 Penn Ave.

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: May 13, 1915

20-UNDERTAKER: McLean & Jones ADDRESS: 833 Lanvale ave

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85240

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85240

CERTIFICATE OF DEATH.

159

REGISTERED NO. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Carmine Dipicolantonio

(Residence in Baltimore: No. 226 Albemarle St.; yrs., 2 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Universal

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Dinicolantonio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Giuseppa

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sebastino Disidoro

(Address) 226 Albemarle St.

15- MAY 11 1915 Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 9th ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... Inquiry .....
(Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, complicated by gunshot wound in his chest. Inflicted by himself while in a delerious state.

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Probably suicide

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage (Coroner.) M. D.

May 11, 1915 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
226 Albemarle

Former or usual residence 226 Albemarle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	May 11th, 1915
20-UNDERTAKER	ADDRESS
Trundell Lippel & Son	33 S. Bond St

C85241

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

C85241

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2558 Cedar Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Kerkhoff

(Residence in Baltimore: No. 2558 Cedar Ave. St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: August (Month) 22 (Day), 1853 (Year)

7-AGE: 61 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): machinist

9-BIRTHPLACE (State or country): Maryland

PARENTS:

10-NAME OF FATHER: J. Henry Kerkhoff

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Nancy Willson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes E. Kerkhoff

(Address) 2558 cedar Ave.

15- Filed ..... 191..... ROBERT J. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th, 1915, to, May 10 1915, that I saw h.... alive on May 10 1915, and that death occurred, on the date stated above, at 2 P.M., The CAUSE OF DEATH* was as follows:

Terminal Pneumonia
of Chronic Asthma

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) Asthma

(Duration) 12 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 10, 1915 [Address] 3549 Roland Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Mary's

DATE OF BURIAL: May 13 1915

UNDERTAKER: A S Marshall

ADDRESS: 3539 Falls Rd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Agnes Coleman

C85242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C85242

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Paca ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Coleman

(Residence in Baltimore: No. 519 N. Paca St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Married

6-DATE OF BIRTH, ... 1859 ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, — Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Coleman

(Address) 519 Paca St.

15- Filed MAY 11 1915, 191.. ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/25 1915, to May 9th 1915, that I saw her alive on May 5th 1915, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows: Cancer of the Stomach, (Diagnosis from History of the Case & Symptoms

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs.....mos.....ds.

(Signed) A. Lee Elliott M. D.

May 10, 1915. (Address) 924 Arch St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Lebanon	MAY 11 1915
20-UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spcc.—8-24-14—M. & T.—2000 Bks.

C85243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85243

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Aisquith St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Callender

(Residence in Baltimore: No. 422 Aisquith St. St.; 70 yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb. 5th, 1845 (Month) (Day) (Year)

7-AGE. 70 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fruit salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Wm Callender

11-BIRTHPLACE OF FATHER (State or Country). Cecil Co Md.

12-MAIDEN NAME OF MOTHER Ann Wright

13-BIRTHPLACE OF MOTHER (State or Country). Harford Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brunner

(Address) 422 Aisquith St

15- Filed MAY 11 1915, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1915, to May 9 1915, that I saw him alive on May 9th 1915, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute lobar,
Endocarditis, and general
cancer, Immediate cause
due to heart block (Duration)....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)
..... (Duration)....yrs....mos....ds.

(Signed) Irving Miller M. D.

May 11, 1915. (Address) 108 E. Northan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Green Mount

DATE OF BURIAL. May 14, 1915

20-UNDERTAKER Millard Callender & Son

ADDRESS Bank

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. Adrien Tellmount

C85244

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85244

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Elmount ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adrien Tellmount

(Residence in Baltimore: No. 205 Elmount St.; ..yrs. ..mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOW, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 25, 1915 (Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 16 ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Morris

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Tellmount

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tellmount

(Address) 205 Elmount

15- Filed MAY 11 1915, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1915, to May 11 1915, that I saw him alive on May 11 1915, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(Duration) ..yrs. ..mos. 16 ds.

CONTRIBUTORY (Secondary) ..

(Duration) ..yrs. ..mos. ..ds.

(Signed) Edward F. Kunst M. D.

May 11 1915 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. X ..mos. 16 ds.

Where was disease contracted if not at place of death? 205 Elmount Ave

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Odd Fellows Cem

DATE OF BURIAL, May 12 1915

20-UNDERTAKER Edmondson Ave ADDRESS 414 N. Mount st.

Hilbert Brown

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85245

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 C85245

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 747 Vine ST.: 4 WARD)

2-FULL NAME Mary Comegys

(Residence in Baltimore: No. 747 Vine St.; 71 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Col'd

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Unknown (Month) (Day) 1 (Year)

7-AGE 40 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md. Charleston

PARENTS

10-NAME OF FATHER George Comegys

11-BIRTHPLACE OF FATHER (State or country) Gatinsville

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or country) Chesterlown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos Comegys

(Address) 747 Vine St

15- FILED MAY 11 1915, 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 10 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9, 191.., to, May 10 191.., that I saw h.. alive on May 10 191.., and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Unknown

(Duration) yrs. mos. ds.

(Signed) H Woodward M. D.

May 10, 191.. [Address] 939 W Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetary

DATE OF BURIAL May 12, 1915

20-UNDERTAKER Walter Dukes

ADDRESS 295 Pine St

Burial Permit Issued

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13 M. & T.—500 Blks.

C85246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 91

REGISTERED NO. C 85246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Joseph B Dean

(Residence in Baltimore: No. Jacox W. Va. St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day) 1848. (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Bath Co. Va.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Harry E Hughes

(Address)... 17 S Broadway

15-

Filed MAY 11 1915 191... HARRY O. ARLETT, Clerk's Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1915, to May 10 1915, that I saw h[illegible] alive on May 10 1915, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Arteriosclerosis of Heart
(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Post Operative Pneumonia
(Duration) yrs. mos. 17 ds.

(Signed) Wm. Maxwell Starr M. D.

May 11, 1915. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Here

Former or usual residence Jacox W. Va

19-PLACE OF BURIAL OR REMOVAL, Gebert W. Va — DATE OF BURIAL, May 12, 1915

20-UNDERTAKER Harry E Hughes — ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C85247

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 C85247

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E Fairmount Av 6 ST.; ..... WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Frankenberg

(Residence in Baltimore: No. 2038 E Fairmount St.; 57 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. (Month) 24 (Day), 1864 (Year)

7-AGE, 57 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, George Frankenberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Kratzer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Frankenberg

(Address) 2038 E Fairmount Av

15- Filed MAY 11 1915, 191.....

HARRY O. ARLEEVS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1914, to May 10 1915, that I saw ..... alive on May 10 1915, and that death occurred, on the date stated above, at 3.35 P. M.

The CAUSE OF DEATH* was as follows:

Diabetis Millitus

(Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY. Bronchitis
(Secondary)

(Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) F. C. Blades M. D.

5/11/15 (Address) 1437 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	May 12, 1915
20-UNDERTAKER Tilly & Zeiler	ADDRESS 403 S. Mo[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C85248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C85248
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 315 Fifth St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Pasta

(Residence in Baltimore: No. 315 East St.; — yrs., 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 29, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Antonino Pasta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Vittoria Schiada

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonino Pasta

(Address) 315 East St

15 MAY 11 1915 HARRY O. ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11th 1915, to May 11th 1915, that I saw h.... alive on May 11th 1915, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Chas. Stahl M. D.

May 11th 1915. (Address) 6 E. 7. N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	May 17th, 1915.
20-UNDERTAKER	ADDRESS
Kelly Bros	403 W Mad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

085249

HEALTH DEPARTMENT—CITY OF BALTIMORE

085249

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 533 Wayne St.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Queen

(Residence in Baltimore: No. 533 Wayne St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 28, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt city

PARENTS.

10-NAME OF FATHER, Albert Queen

11-BIRTHPLACE OF FATHER (State or Country), Balt city

12-MAIDEN NAME OF MOTHER Cora Neal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Queen

(Address) 533 Wayne St

15 MAY 12 1915 Filed....., 191.... ROBERT A. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Icterus neonatorum

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Lee Peters M. D.
(Coroner)

May 11, 1915 (Address) 1131 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int Suburban Cemetery — DATE OF BURIAL, May 12, 1915

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Eutaw St

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-15-12—M. & T.—500 Blks.

C85250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 C85250

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mrs~~ Moshe Bronstein

(Residence in Baltimore: No. 25 S. Broadway St.; 20 yrs. 9 ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 17 (Day), 1894 (Year)

7-AGE, 20 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER. Sieber Bronstein.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Ida Gandelman

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto E. Utzinger for M. Mrs. Flm

(Address) 25 S. Broadway

15- MAY 12 1915 Filed..... 191..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1915, to May 12 1915, that I saw h in alive on May 12 1915, and that death occurred, on the date stated above, at 2.45 Pm.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Possibly ulcerated leg

(Duration) ....yrs. Several mos. ....ds.

(Signed) Otto E. Utzinger M. D.

May 12 1915. (Address) Union Prot Infirmary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 1 yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? 25 S. Broadway.

Former or usual residence 25 S. Broadway.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Woodlawn

DATE OF BURIAL, May 12, 1915

20-UNDERTAKER L. Fenster Bro

ADDRESS 1072 E. Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

State of Maryland, Baltimore City to wit:

BE IT REMEMBERED, That on this 18th day of May A. D., 1915, before me the subscriber, a Justice of the Peace of the said state, in and for the City aforesaid, personally appeared Joseph Bronstein

and made oath in due form of law that he is related to Moshe Bronschtein as a cousin and that his proper name is Moshe Bronschtein, which was heretofore given as Moss Bronstein

David Kalb J. P.

Remarks Balto Co 86

U. P. I. DISPENSARY

May. 16, 1915.

℞ To whom it may concern:-

By some error the name of the man who died of this hospital of ~~streptococcus~~ peritonitis was given on the death certificate as Moss Bronstein. It should be Moshe Bronstein.

Otto E. Ulzheimer, M.D.

", Carcinoma, Surrigin; "Cancer," is nor' for malignant g cough; Chronic terstitial nephritis; y or intercurrent) s important. Exg death), 29 ds.; 10 ds. Never reconditions, such as nptomatic)," "Atronvulsions," "Deetc.), "Dropsy,"

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85251 — CERTIFICATE OF DEATH. — 28 — C85251

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Newington Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Ries.

(Residence in Baltimore: No. 723 Newington Ave. St.; 65 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Oct. 18th., 1838 (Month) (Day) (Year)

7-AGE, ... 76 yrs. 6 mos. 21 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Weil

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Yetta Pflaumacher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Leopold..Ries.....

(Address).....723..Newington..Ave.....

15- MAY 12 1915 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 10 ....., 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1915, to May 10 1915, that I saw h[illegible] alive on May 10 1915 and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

..... Cirrhosis of Liver
..... Intoxication Fulminans
..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Jos. L. Hirsh ..... M. D.
....., 191... (Address) 1819 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Chet Sholom Cem. — DATE OF BURIAL, May 13, 1915.

20-UNDERTAKER David Sondheim — ADDRESS 1810 Druid Hill Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85252

CERTIFICATE OF DEATH

28

C85252

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3717 Forest Park Ave. St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Isabella Bennett (Bennett)

(Residence in Baltimore: No. 3717 Forest Park Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Sept. 2nd (Month) (Day), 1888 (Year)

7-AGE 26 yrs. 8 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto.

PARENTS

10-NAME OF FATHER Lewis H. Bennett

11-BIRTHPLACE OF FATHER (State or country) Balto.

12-MAIDEN NAME OF MOTHER Harriet Royston

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis H. Bennett

(Address) 3717 Forest Park Ave.

15- Filed MAY 12 1915. ROBERT . KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1913, to, May 11 1915, that I saw h.. alive on Feb. 11 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

..... (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

..... (Duration) 5 yrs ..... mos ..... ds.

(Signed), Arthur K. Schamfeld M. D.

May 11, 1915 [Address] 2506 Eutaw Pl.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge — DATE OF BURIAL May 13, 1915

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85253

CERTIFICATE OF DEATH.

120 C85253

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1811 E. Fairmount Av 6 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A Stott

(Residence in Baltimore: No. 1811 E. Fairmount Av St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 16, 1837 (Month) (Day) (Year)

7-AGE, 77 yrs. 5 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unfortunate

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Jane ?

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgia L Stott

(Address) 1811 E. Fairmount Av

15- Filed MAY 12 1915 ROBERT . KRAUTH, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to May 9th 1915, that I saw him alive on May 7th 1915, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

4 Mos. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry T. Reynolds M. D.

May 10, 1915. (Address) 2004 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	5/12, 1915
20-UNDERTAKER William Cook	ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85254

CERTIFICATE OF DEATH.

74 C85254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130 S Washington St.; V Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Babetta Liebel

(Residence in Baltimore: No. 130 S Washington St.; 8 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, June 17, 1833
(Month) (Day) (Year)

7-AGE, 81 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Bar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elmire Bertrand

(Address) 20 S Patterson Park Ave

15- MAY 12 1915 Filed....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 10 1915, that I saw her alive on May 9 1915, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of the Heart and Senile Dementia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 5 yrs. ....mos. ....ds.

(Signed) W. G. Cookey M. D.

May 10, 191.. (Address) 20 S. Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	May 12, 1915
20-UNDERTAKER	ADDRESS
William Cook	502 W North Ave

C85255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C85255 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1517 E. Baltimore ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Gordon

(Residence in Baltimore: No. 1517 E. Baltimore St.; yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. May (Month) 12 (Day), 1869 (Year)

7-AGE. 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Butter & Fried Oysters

9-BIRTHPLACE. (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Gerson Gordon

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Elta Amisacat

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Block

(Address) 1618 E. Baltimore St

15- MAY 12 1915 Filed....., 191.... ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones (Coroner) M. D.

May 12th, 1915 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Workmen circle Mt Carmel Cem	May 14, 1915
20-UNDERTAKER. Jack Laurs	ADDRESS 1449 E. Balt St

Spec.—5-19-13—M. & T.—500 Bks.

C85256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85256

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 204 Rock St ST.; 18 WARD) REGISTERED NO. C

2-FULL NAME Charles W. Howard

Residence in Baltimore: No. 204 Rock St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Coal
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles W. Howard.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Howard

(Address) 204 Rock St

15- MAY 12 1915 ROBERT . KRAUTER
Filed....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1915, to May 9 1915, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows: (Pneumonia Lobar 7 D.

..... (Duration) ..yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..yrs. 1 mos. 7 ds.

(Signed) Charles H. Finan M.D.

May ....., 1915. (Address) 712 S. Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 12, 1915.

20-UNDERTAKER Alfred J. Freeland ADDRESS 114 Edmondson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85257

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C85257

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkin Hosp ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Klein

(Residence in Baltimore: No. 2053 Bank St. St.; 40 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower.

6-DATE OF BIRTH: July 21, 1850 (Month) (Day) (Year)

7-AGE: 64 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fisherman.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Chas. Klein

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Frances Constant

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp

15- Filed MAY 12 1915 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1915, to, May 12 1915, that I saw h-- alive on May 12 1915, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

and

Pulmonary Tuberculosis

No operation
Microscopic Exam
No Autopsy

(Duration) yrs. 4 mos. ..... ds.

Contributory (SECONDARY)

(Duration) yrs. ..... mos. ..... ds.

(Signed) Maud R. Reed

May 12 1915 [Address] Johns Hopkins Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yr. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2053 Bank St

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: May 14 1915

20-UNDERTAKER: William. Fiaelowers

ADDRESS: 1610 Eastern

C85258

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 C85258

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1066 Raborg St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Woodrow

(Residence in Baltimore: No. 1066 Raborg St.; 25 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 1 (Month) (Day) (Year)

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Calvert Co Md

PARENTS

10-NAME OF FATHER: Jemyson Woodrow

11-BIRTHPLACE OF FATHER (State or country): Calvert Co Md

12-MAIDEN NAME OF MOTHER: Margaret Johnson

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jerusia Woodrow

(Address): 1066 Raborg

15-

Filed MAY 12, 1915 [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 10, 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 7, 1915, to, May 10 1915, that I saw h[illegible] alive on May 9 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 hours ds.

Contributory (SECONDARY): Pulmonary Edema (Duration) 2 hrs yrs. mos. ds.

(Signed) W. T. Norwood M. D.

May 10 1915 [Address] 939 N Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cmtry

DATE OF BURIAL: May 12 1915

20-UNDERTAKER: Alfred J Fireland

ADDRESS: 1114 N Schroeder St

C85259 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C85259

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 860 N Ostend ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Boyd

(Residence in Baltimore: No. 860 N. Ostend St.; yrs., mos. ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, about 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Johnston

(Address) 860 N Ostend St

15- MAY 12 1915 ROBERT . KRAUS[illegible]

Filed ....., 191.... Burial Permit Cl[illegible]

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown Chronic Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Paul Hunter (Coroner) M. D.

May 12th, 1915. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 12th 1915

20-UNDERTAKER Felix B Pye

ADDRESS 102 E Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

C85260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 C85260

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Franklin Sq. Pas. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj Smith

(Residence in Baltimore: No. 605 Cider alley, St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, about 1875
(Month) (Day) (Year)

7-AGE, about 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H E Hughes

(Address) 17 S Broadway

15-

FILED MAY 12 1915 HARRY O. ANDREWS, Registrar of Burial Permits.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1915
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 5 1915, to May 11 1915, that I saw h-im alive on May 11 1915, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Interne Tremens

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Enos M. D.

5/12, 1915 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 6 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At Home,

Former or usual residence 605 Cider alley,

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, May 13 1915

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85261 C85261

CERTIFICATE OF DEATH

10

Registered No. C .....

1-PLACE OF DEATH

City of Baltimore (No. 117 S. Calhoun St. 19 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Amelia Meyers

(Residence in Baltimore: No. 117 S Calhoun St 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH April 2, 1849 (Month) (Day) (Year)

7-AGE 66 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Howard Co Md

PARENTS

10-NAME OF FATHER Thos. B. Fosnell

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Ellen Shipley

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jessie Meyers

(Address) 117 S. Calhoun St

15. Filed MAY 12 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1915, to May 11 1915, that I saw her alive on May 10, 1915, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Carcinoma Pancreas

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Reuben Dill M. D.

May 11, 1915 (Address) 1433 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	May 13, 1915

20-UNDERTAKER Joseph L Brook ADDRESS 1003 W Balto St

C85262

Stock No. 1 & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C85262

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 S Carey St ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie M Robertson

(Residence in Baltimore: No. 1104 S Carey St)

Stated 36 yrs., 7 mos. ✱ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 26 (Day), 1877 (Year)

7-AGE, 37 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Henry St Goute

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Stanke Goute

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Robertson

(Address) 1104 S Carey St

15- MAY 12 1915 HENRY O. ANDREWS, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1914, to May 10 1915, that I saw her alive on May 10th 1915, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Puerperal Albuminuria

(No Kidneys)

(Duration)....yrs....mos. 30 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos. 4 ds.

(Signed) Shipland Dunn M. D.

....., 191... (Address) 912 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, May 12, 1915

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85263

CERTIFICATE OF DEATH.

91 C85263

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Porter

(Residence in Baltimore: No. 3445 Chestnut Ave St.: 1 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~. Single (Write the word.)

6-DATE OF BIRTH. Aug 14, 1862 (Month) (Day) (Year)

7-AGE. 52 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Andrew Porter

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Rachel Marriott.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W E Marriott

(Address) 231 N Gilmor St

15- Filed MAY 12 1915, 191.... HARRY C ARRENS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915 to May 12 1915, that I saw ~~him~~ alive on May 12 1915, and that death occurred, on the date stated above, at 1 1/4 a m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Emphysema Pulmonum

2. Hypostasis (Duration) yrs. 1 mos. ds.

(Signed) H. Culbertson M. D.

5-12 191... (Address) X

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State yrs. mos. 8 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 3445 Chestnut Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 14, 1915

UNDERTAKER George J. Smith ADDRESS 1001 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85264

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH Maryland General Hosp., REGISTERED No. C85264

CITY OF BALTIMORE: (No. [redacted] ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl L. Morrison

(Residence in Baltimore: No. 2903 Robes ave. St.; 31 yrs., 6 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 31, 1883 (Month) (Day) (Year)

7-AGE, 31 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City Maryland

PARENTS.

10-NAME OF FATHER, David T. Lookingland

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md

12-MAIDEN NAME OF MOTHER, Annie V. Wilkinson

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Morrison

(Address) 2903 Robes Ave

15- MAY 12 1915 HARRY O. ANDREWS, Filed ..... 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May 11, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1915, to May 11 1915, that I saw her alive on May 11 1915, and that death occurred, on the date stated above, at 8.20 p.m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) ....yrs. ....mos. 1 ds. ?

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. Sparcy M. D.

May 11, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 hrs. 35 min. In the State 31 yrs. 6 mos. 11 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2903 Robes Ave.

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, May 14 191..

20-UNDERTAKER Wm Cook ADDRESS- 1105 N. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85265

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 530 North Brice ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Norgel

(Residence in Baltimore: No. 530 North Brice St.; 61 yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 28th, 1853
(Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Norgel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Osmus Landake

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary L Cooper

(Address) Narberth Penna

15- MAY 12 1915 HENRY O. ANDREWS,
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1913, to May 10 1915, that I saw him alive on May 10 1915, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

May 12, 1915. (Address) 1 West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, 5/13, 1915

20-UNDERTAKER William Cook — ADDRESS 502 E. 11th St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85266

CERTIFICATE OF DEATH.

151 C85266

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Sterling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hanibele Martinolo

(Residence in Baltimore: No. 922 Sterling St.; — yrs. — mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Singer

6-DATE OF BIRTH, Apr. (Month) 25 (Day), 1915 (Year)

7-AGE, — yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ballo.

PARENTS.

10-NAME OF FATHER, August Martinolo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Elletta Sprite

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Auguste Martinolo

(Address) 922 Sterling

15. Filed MAY 12 1915, 191.... HARRY O. ABERNS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1915, to May 12 1915, that I saw him alive on May 11 1915, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Robert J. Brown M. D.

May 12, 1915 (Address) 1201½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent — DATE OF BURIAL, May 13, 1915

20-UNDERTAKER Kendell Lippel & Son — ADDRESS 330 S. Bond St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85267. Edna Harrer

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

REGISTERED No. C85267.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 12 N Park ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Harrer

(Residence in Baltimore: No. 12 N. Park St. St.: 1 yrs. 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: May 24, 1913 (Month) (Day) (Year)

7 AGE: 1 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md Baltimore

PARENTS

10 NAME OF FATHER: John Harrer

11 BIRTHPLACE OF FATHER (State or country): Md D.

12 MAIDEN NAME OF MOTHER: Bertha Goetzinger

13 BIRTHPLACE OF MOTHER (State or country): Md D.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Harrer

(Address) 12 N. Park St.

15. MAY 12 1915 HARRY O. AHLERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 5, 1915, to. May 11 1915, that I saw h-- alive on 11 10, 1915, and that death occurred, on the date stated above, at 11.9 m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

X

(Duration) ..... yrs. ..... mos. 16 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O'Beare M. D.

May 12, 1915. (Address) 2600 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Family Cemetery — DATE OF BURIAL: May 12, 1915

20 UNDERTAKER: Wendell & Lippert Sons — ADDRESS: 37 Lanvale St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85268

CERTIFICATE OF DEATH.

91 C85268

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Bank St. ST.) 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Vendetti

(Residence in Baltimore: No. 1513 E. Bank St. St.; 6 yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH. June 24, 1913. (Month) (Day) (Year)

7-AGE. 1 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infants
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Angelina Vendetti

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Andelina Vendetti

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa Vendetti

(Address) 1513 Bank St

15- Filed MAY 12 1915 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1915, to May 12th 1915, that I saw her alive on May 11th 1915, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Jacob L. Winnen M. D.

5-12-1915 (Address) 30 S. B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Vincent's Cemetery — DATE OF BURIAL, May 13, 1915

20-UNDERTAKER Wendell Moffett & Son — ADDRESS 57 E Lan St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85269 — CERTIFICATE OF DEATH. — 151 C85269

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Maryland Gen. Hosp'l ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harrison

(Residence in Baltimore: No. 2903 Robes Ave. St.; ....yrs,.. ..mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, May 11, 1915
(Month) (Day) (Year)

7-AGE, 6 hrs. 40 min. — If LESS than 1 day, 6 hrs. or 40 min.
....yrs....mos....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William H Harrison

11-BIRTHPLACE OF FATHER (State or Country), Hartford Co

12-MAIDEN NAME OF MOTHER Annie V Wilkins

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H Harrison

(Address) 2903 Robes Ave.

15- FILED MAY 12 1915 HENRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1915, to May 11 1915, that I saw him alive on May 11 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Jos. Lyssaron M. D.

May 12, 1915. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 hrs. 40 min., In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence 2903 Robes ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	....., 191..
20-UNDERTAKER William Cook	ADDRESS 1201 Lee St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85270 HEALTH DEPARTMENT---CITY OF BALTIMORE C85270

CERTIFICATE OF DEATH

92 REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Ramsey ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Brose

(Residence in Baltimore: No. 1329 Ramsey St.; 34 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 29 (Day), 1851 (Year)

7-AGE: 63 yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: dont Know

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Brose

(Address) 1329 Ramsey St

15- Filed MAY 13 1915 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1915, to, May 10 1915, that I saw h.. alive on May 10 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

acute lobar pneumonia

(Duration) ..... yrs ..... mos. 5 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mns. ..... ds.

(Signed) H. E. Kunst M. D.

May 11, 1915 [Address] 1002 W. Lanvale

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 13, 1915

20-UNDERTAKER: Geo Lindbach & Son — ADDRESS: 647 N Betts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85271

CERTIFICATE OF DEATH.

170 C85271

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Durham ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Holloway

(Residence in Baltimore: No. 229 S. Durham St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1879 (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Holloway

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ella Holloway

(Address). 229 S. Durham St

15- Filed MAY 13 1915, Burial Permit Issued. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1915, to May 11 1915, that I saw h. alive on May 10 1915, and that death occurred, on the date stated above, at 2.22 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 3 mos. ds.

(Signed) Geo. Heller M. D.

5 11, 1915. (Address) 1937 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	May 13, 1915
20-UNDERTAKER John W. Henderson	ADDRESS 31 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85272 HEALTH DEPARTMENT---CITY OF BALTIMORE C85272

CERTIFICATE OF DEATH

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)
Registered No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Milburn

(Residence in Baltimore: No. 2128 McElderry St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male
4-COLOR OR RACE: Black
5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single
6-DATE OF BIRTH: Jan — (Month) (Day), 1915 (Year)
7-AGE: ..... yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?
8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE (State or country): md

PARENTS
10-NAME OF FATHER: Eddie Timmen.
11-BIRTHPLACE OF FATHER (State or country): md.
12-MAIDEN NAME OF MOTHER: Mamie Milburn
13-BIRTHPLACE OF MOTHER (State or country): md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. Phelps
(Address) Johns Hopkins Hosp.

15- Filed MAY 13 1915 ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1915, to, May 11 1915, that I saw h.. alive on May 11 1915, and that death occurred, on the date stated above, at 9.30 p. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 2 ..... ds.
Contributory (SECONDARY) .....
(Duration) ..... yrs ..... mos. ..... ds.

(Signed), Alma S. Rolfhoff M. D.
May 13, 1915 [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs ..... mos 1 ds. In the State ..... yrs 4 mos ..... ds.
Where was disease contracted, if not at place of death? 2
Former or usual residence 2128 Mc Elderry St

19-PLACE OF BURIAL OR REMOVAL: Albany cemetery
DATE OF BURIAL: May 13 1915
20-UNDERTAKER: R. C. Groll
ADDRESS: 1405 N. Caroline St

C85273

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C85273

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 744 N. Eutaw St. ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine V.S. Williams

(Residence in Baltimore: No. 744 N. Eutaw St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: (Month) Aleust (Day) 12, (Year) 1832

7-AGE: 82 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Henry Engelbach

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Wagner

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Wm H Williams

(Address) 744 N Eutaw St

15. Filed MAY 13 1915 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) May (Day) 12, (Year) 1915

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1915, to May 12 1915, that I saw h-a- alive on May 11, 1915, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Apoplexy

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) J. Wm S. Bischoff M. D.

May 13, 1915 (Address) 928 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 14, 1915

20-UNDERTAKER: Chas E. Franck — ADDRESS: 807 Madison

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C85274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C 85274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2041 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Alfred Pote

(Residence in Baltimore: No. 2041 Hanover St.; — yrs. 1 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, Nov 18, 1851 (Month) (Day) (Year)

7-AGE, 63 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Frank Pote

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Joyner

13-BIRTHPLACE OF MOTHER (State or Country): Rock Hall Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Pote (Wife)

(Address) 2044 Hanover St.

15 MAY 13 1915 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12th 1915, to May 11th 1915, that I saw him alive on May 10th 1915, and that death occurred, on the date stated above, at 5:35 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Harry Pleibel M. D.

May 11th, 1915. (Address) 217 Hanover St. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, May 13, 1915

20-UNDERTAKER Armstrong Denny Co — ADDRESS 715 Light

C85275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C85275
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 666 W. Franklin street, ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Staley Hildebrand,

(Residence in Baltimore: No. 100 E. North avenue, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, July (Month) 29th (Day), 1849 (Year).

7-AGE, 65 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Railroad conductor, retired 3 years.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William T. Hildebrand,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Anne Staley,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Jane Hildebrand,

(Address) 100 E. North avenue,

15- Filed MAY 18 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs.....mos.....ds.

(Signed) Frederick Baetzel M. D. (Coroner.)

May 11th 1915. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAY 14 1915

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

685276

CERTIFICATE OF DEATH.

28 685276

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Rosen

(Residence in Baltimore: No. 10 S. Washington St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ... November ..... (Month) ..... (Day) ....., 1871 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, William Wolf

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sophie Aronson

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lewis

(Address) ..... 1414 E. Balto St

15- Filed MAY 13 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12 (Month) ..... (Day) ....., 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1915 to May 12 1915, that I saw her alive on May 12 1915, and that death occurred, on the date stated above, at 8.45P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alfred A. Bondrick M. D.

May 13, 1915. (Address) 8. E. Pattison Pl.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Road — DATE OF BURIAL, May 13, 1915

20-UNDERTAKER Jack Lewis — ADDRESS 1414 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85277 C85277

CERTIFICATE OF DEATH. 150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hook

(Residence in Baltimore: No. 1436 Carroll St. St.: ....yrs....mos. 3 weeks ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 20th (Day), 1915 (Year)

7-AGE, ...yrs. 21 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Hook

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Krug

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Goldschmidt

(Address) 3503 E. Baltimore St.

15- Filed MAY 13 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915, to May 11 1915, that I saw h[illegible] alive on May 11 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

1. Valvular Insufficiency
2. Acute Foramen Ovale
(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Richard Dillon M. D.

....., 191... (Address) 61 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, May 13 1915.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1126 W

W 26954

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C35278 — 1 PLACE OF DEATH

64 C35278 — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 634 N. Bruce St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Brown (Brown)

(Residence in Baltimore: No. 634 N. Bruce St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Not known to informant (Month) (Day) / (Year)

7-AGE: 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private families

9-BIRTHPLACE (State or country): West Moreland Co. Va.

PARENTS

10-NAME OF FATHER: George Smith

11-BIRTHPLACE OF FATHER (State or country): West Moreland Co. Va.

12-MAIDEN NAME OF MOTHER: Ann Jefferson

13-BIRTHPLACE OF MOTHER (State or country): West Moreland Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Smith

(Address) 208 Ottobein St.

15 MAY 13 1915. ROBERT . KRAUTER, Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 11th (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1915, to, May 11th 1915, that I saw her alive on May 11th. 1915, and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chas. L. McCarthy M. D.

May 11th, 1915. [Address] 906 N. Stricker St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 13, 1915
20-UNDERTAKER	ADDRESS
James H. Dennis	130 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85279 HEALTH DEPARTMENT---CITY OF BALTIMORE C85279

CERTIFICATE OF DEATH

19

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 529 Mosher ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eula Mason

(Residence in Baltimore: No. 529 Mosher St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH May 8, 1888 (Month) (Day) (Year)

7-AGE 27 yrs. mos. 2 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Va

PARENTS

10-NAME OF FATHER John H Mason

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Lucia Bracken (Former Bracken)

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucia Mason

(Address) 529 Mosher St

MAY 13 1915 ROBERT . KRAUTER
Filed ..... 191 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5, 1915, to, May 10 1915, that I saw h.er alive on May 10 1915, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Cardiac asthenia

(Duration) yrs mos. 2 ds.

(Signed), E William Fry M. D.

May 10, 1915 [Address] 1928 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL May 13, 1915

20-UNDERTAKER James H Dennis — ADDRESS 1303 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85280

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C85280

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Calhoun ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Jefferson

(Residence in Baltimore: No. 1403 N. Calhoun St.; 3 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Col	Single

6-DATE OF BIRTH: Sept. 15, 1847 (Month) (Day) (Year)

7-AGE: 67 yrs. 4 mos. 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Jefferson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan Smith

(Address) 1403 Preston

15- Filed MAY 13 1915, 191 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 11, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1915, to, May 11 1915, that I saw h.r alive on May 10 1915, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) 3 yrs 4 mos. ..... ds.

Contributory (SECONDARY) Asteno Sclerosis

(Duration) — yrs — mos. — ds.

(Signed), Wm. H. Wright M. D.

May 11, 1915 [Address] 1709 Brookline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery DATE OF BURIAL: May 13 1915

20-UNDERTAKER: James H. Dunn ADDRESS: 1303 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085281

CERTIFICATE OF DEATH.

92 085281

1-PLACE OF DEATH 731 N. Calvert St

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. N. Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Brenan

(Residence in Baltimore: No. 731 N. Calvert St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, ...July (Month) 14 (Day), 1831 (Year)

7-AGE, 83 yrs. 9 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathew Bennet

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Harriet Merrett.

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew B. Brenan

(Address) N. Calvert St

15- Filed MAY 13 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1915, to May 1st 1915, that I saw h.. alive on May 11th 1915, and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 11 mos. ....ds.

(Signed) Richard M. Kelly M. D.

May 12, 191.. (Address) 112 Park St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 14 1915
20-UNDERTAKER	ADDRESS
Weisenborn Son Co	Mulberry & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85282

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85282

CERTIFICATE OF DEATH

1 PLACE OF DEATH Skin and Cancer Hosp 40 REGISTERED NO. C

CITY OF BALTIMORE (No. 200 W. 21 St. ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Katie Clark

(Residence in Baltimore: No. 200 W. 21 St. St.: X yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7 AGE: About 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josphine Reilly Supt.

(Address) 200 W. 21 St.

MAY 13 1915

ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 12 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1915, to May 12 1915, that I saw h[er] alive on May 12, 1915, and that death occurred on the date stated above, at 1020 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver X

(Operation & Microscopic Exam) (Duration) yrs. mos. ds

Contributory (SECONDARY) Ca. Stomach & Liver

(Duration) yrs. mos. ds.

(Signed) Gross Everhart M. D.

May 12, 1915 (Address) 1000 E 5 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the St yrs. mos. X ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 14 1915

20 UNDERTAKER: John B. Spence

ADDRESS: 1325 N. Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85283

CERTIFICATE OF DEATH.

151

C85283

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Grimes

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs.,.... mos. 12ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 22nd, 1915
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs....mos....18.ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).. St. Vincents.....

(Address)....1401 Division St.....

15-

FILED MAY 13 1915 1915 ROBERT . KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1915, to May 10th 1915, that I saw him alive on May 10th 1915, and that death occurred, on the date stated above, at 1005. m.

The CAUSE OF DEATH* was as follows:

.....Malnutrition & Mal assimilation.....

..... (Duration).....yrs.....mos. 18 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed)... Elmer G. Hall .....M. D.

May 10th 1915. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State ..... yrs. mos. 18 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Cathedral	May 13 1915
20-UNDERTAKER	ADDRESS.
H. Fahey & Son	606 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form.—5-15-13 M. & T.—500 Blks.

C85284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 4r C85284

REGISTERED NO. C.....

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Minehart

(Residence in Baltimore: No. Waynesboro Pa. St.: ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: February 9, 1847 (Month) (Day) (Year)

7-AGE: 68 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pennsylvania

PARENTS.

10-NAME OF FATHER: John Summers

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Mary Renacher

13-BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Union Protestant Infirmary

(Address) 1514 Division St

15-

MAY 13 1915 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1915, to May 13 1915, that I saw her alive on May 13 1915, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovaries
(Operation...microscopical sections)

(Duration)....yrs. 9 mos....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration)....yrs....mos. 2 ds.

(Signed) R. F. Kieffer M. D.

May 13, 1915. (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Waynesboro Pa.

Former or usual residence Waynesboro, Pa

19-PLACE OF BURIAL OR REMOVAL: Waynesboro Pa — DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Joseph Cook — ADDRESS: 60 3 N Calvert St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85285 HEALTH DEPARTMENT—CITY OF BALTIMORE C85285

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 S Howard St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Simms

(Residence in Baltimore: No. 1035 S. Howard St. St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female | 4-COLOR OR RACE. colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ... Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, about — ..... 52 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Richmond Va

PARENTS.

10-NAME OF FATHER. John Inner

11-BIRTHPLACE OF FATHER (State or Country). Richmond, Va

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country). Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Da. Laverty .....

(Address) ..... 1035 S. Howard .....

15- Filed MAY 13 1915 ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 12 ....., 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1915, to May 12 1915, that I saw her alive on May 9 1915, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

..... Valvular Insufficiency .....
..... Chronic Endocarditis .....
..... a ..... Year (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... L. A. Laverty ..... M. D.

May 13 1915 (Address) ..... 1035 S. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Auburn Cemetery | DATE OF BURIAL, May 14 1915

20-UNDERTAKER J. L. Brown & Son | ADDRESS 1058 W. Pratt St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Presley · Baily

C85286

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C85286 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 S. Eutaw ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Presley Baily

(Residence in Baltimore: No. 938 S. Eutaw St.: 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. July (Month) 2 (Day), 1839 (Year)

7-AGE. 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Presley Bailey

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Bailey

(Address) 938 S Eutaw St

15- Filed MAY 13 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 12 (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1915, to May 12 1915, that I saw him alive on May 12 1915, and that death occurred, on the date stated above, at 5.04 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Pneumonia

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. 2 ds.

(Signed) Chas. H. Hart M. D.

May 13, 1915. (Address) 712 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn St — DATE OF BURIAL. May 13., 1915.

20-UNDERTAKER C. L. Brown & Son — ADDRESS 108 N. Monty St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 C85287

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Lakewood Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Marg. O'Malley

(Residence in Baltimore: No. 802 N. Lakewood Ave St.; ...yrs.,...mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH. May 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 7 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Martin O'Malley Jr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Miss Annie W. Scherer

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredk A. Conradi M.D.

(Address) 2221 E. Balt. St.

15- MAY 13 1915 1915 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1915, to May 13, 1915, that I saw her alive on May 12, 1915, and that death occurred, on the date stated above, at 7.15 Am.

The CAUSE OF DEATH* was as follows:

Congenital Debility

during life (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion

during life (Duration) ...yrs. ...mos. ...ds.

(Signed) Fredk A. Conradi M. D.

May 13 1915. (Address) 2221 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. May 13., 191...

20-UNDERTAKER Henry Koerth & Son

ADDRESS 1301 E. Eager St.

N.B.—The value of this information depends upon the accuracy of the entry supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C85288

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 E Lombard ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby of Rosa & Max Rosen

(Residence in Baltimore: No. 818 E Lombard St.; ....yrs.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, May 10, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Max Rosen

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Rosa Rosen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Rosen

(Address) 818 E Lombard St

15- Filed MAY 13 1915, 191... HENRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Birth May 10 191 5, to May 12 1915, that I saw h[illegible] alive on May 12 1915, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Taken suddenly on evening of May 12 — General Congenital Weakness

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Asthema

(Duration) ....yrs. ....mos. 2 hours

(Signed) Alfred Whitehead M. D.

....., 191... (Address) 1713 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Park — DATE OF BURIAL, May 13, 191 5

20-UNDERTAKER A Lowson & Bro — ADDRESS 1107 E Balto

N.B. CAUSE OF DEATH should be carefully supplied. AGE should also be given in all cases. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—600 Bks.

C85289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C85289

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Nursery & Child Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Smith

(Residence in Baltimore: No. Nursery & Childs Hosp St.; —yrs., 2 mos. 20 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing (S)

6-DATE OF BIRTH: Feb (Month) 22 (Day), 1915 (Year)

7-AGE: ....yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Maryland (City)

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. P. Metzner

(Address) Nursery & Child Hospital

15- MAY 13 1915 Filed....., 191... EMMET J. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1915, to May 12 1915, that I saw her alive on May 12 1915, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Rudimentary Decomposition

(Severe Malnutrition)

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. L. Audenried M. D.

May 13, 191... (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 20 ds. In the State yrs. 2 mos. 20 ds.

Where was disease contracted, if not at place of death? Above Hospital

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 15, 191...

20-UNDERTAKER Geo. J. Smith — ADDRESS 1000 Mt. St.

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085290

HEALTH DEPARTMENT---CITY OF BALTIMORE

085290

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1625 abbot ST. 7 WARD)

2-FULL NAME Elizabeth Kvet (Kvet)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1625 abbot St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX ~~Female~~

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Not Known (Month) (Day) 1 (Year)

7-AGE 52 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Bohemia

PARENTS

10-NAME OF FATHER Joseph Bolek

11-BIRTHPLACE OF FATHER (State or country) Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Kvet

(Address) 1625 Abbott st

15 Filed MAY 13 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1915, to, May 12th 1915, that I saw h[illegible] alive on May 7th 1915, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Gangrene of feet

(Duration) 1 yrs. 3 mos. ds.

(Signed), Chas B. Zeck M. D.

May 12, 1915 [Address] 63 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL [redacted] DATE OF BURIAL May 14 1915

20-UNDERTAKER Earl Crockett ADDRESS 1904 E Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

C85291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 C85291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1105 S Sharp ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Beck.

(Residence in Baltimore: No. 1105 S Sharp. St.; 48 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Married

6-DATE OF BIRTH. July 25th, 1866
(Month) (Day) (Year)

7-AGE, 48 yrs. 9 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John H Stradman

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Catherine Ruth.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. August Beck

(Address) 1105 S. Sharp St.

MAY 13 1915.
Filed....., 191.. HARRY G. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19th 191.., to May 11th 191.., that I saw h.. alive on May 11th 191.., and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast and axilla
No operation
Exhaustion
(Duration) .. yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary)
Hypostatic congestion and pneumonia
(Duration) .. yrs. .. mos. .. ds.

(Signed) Hundbookmeyer M. D.
....., 191.. (Address) 1210 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 14th, 1915.
20-UNDERTAKER	ADDRESS
E. B. Harle	115 E Mad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85292

CERTIFICATE OF DEATH

120 C85292

1 PLACE OF DEATH Little Sisters of the Poor

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Fleitz

Residence in Baltimore: No. 1707 S Charles. St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5- ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH ~~Month~~ Unknown ~~1~~ (Day) ~~1915~~ (Year)

7-AGE 78 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Heinrich Kretzer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Margaret Klein

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAY 13 1915 191.. HENRY O. ATKINSON Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 10 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2, 1915, to, May 10 1915, that ~~I saw her~~ alive on May 2 1915, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Don't know (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E S Haywood M. D.

5/14, 191.5 [Address] 838 E Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs 5 mos ..... ds. In the State 65 yrs – mos – ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Holy Cross a.a.c. DATE OF BURIAL May 14 191..

20-UNDERTAKER E & B Hark ADDRESS 115 E Mead St.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85293 HEALTH DEPARTMENT---CITY OF BALTIMORE 79 C85293

CERTIFICATE OF DEATH

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 24 WARD)

2-FULL NAME Margareta ~~Gaulstick~~ Haulstick

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 115 E West St. St.; 65 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female. 4-COLOR OR RACE White 5-~~SINGLE MARRIED WIDOWED OR DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH Not Known (Month) (Day) (Year)

7-AGE 84 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER John Krieg

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Madeline Bosner

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

MAY 13 1915 HARRY O. ANDREWS,

Filed ..... 191 Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 11 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to, ... 191....., that I saw h..... alive on ..... 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

unknown (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Dropsy

(Duration) ..... yrs ..... mos. ..... d

(Signed), F. Wilbarner M. D.

[Address] 1623 Valley St.

May 11 191 5

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs 7 mos ..... ds. In the State 65 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Holy Cross a a C. DATE OF BURIAL May 14th 1915

20-UNDERTAKER E + B Harle ADDRESS 115 E West St

C85294

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C85294

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Chestnut Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Powell

Residence in Baltimore: No. 3425 Chestnut Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Married

6-DATE OF BIRTH: Jan (Month) 10 (Day), 1860 (Year)

7-AGE: 55 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, County Md

PARENTS

10-NAME OF FATHER: Gibson C. Tracy

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Jane Wilson

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Lewis N. Powell

(Address) 3625 Chestnut Ave.

15- Filed MAY 13 1915 191 HARRY C. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1913, to, May 13 1915, that I saw h-er alive on May 12 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs 15 mos. ds.

Contributory (SECONDARY) Pulmonary Edema

(Duration) yrs mos. ds.

(Signed) ... M. D.

May 13 1915 [Address] 3435 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park cemetery — DATE OF BURIAL: May 15 1915

20-UNDERTAKER: A.S.Marshall — ADDRESS: 3539 Falls Road.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C85295

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85295

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2067 Woodbury Ave ST.; 13 WARD)

2-FULL NAME Charlotte Hughlett

(Residence in Baltimore: No. 2067 Woodbury Ave. St.; ... yrs., ... mos. — ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 18 (Day), 1852 (Year)

7-AGE, 63 yrs. 3 mos. 22 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stephen Barton

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Rebecca Barnhart

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Hughlett

(Address) 2067 Woodbury Ave

15-

Filed MAY 13 1915, 191... HARRY O. ... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 1915, to May 12th 1915, that I saw h[illegible] alive on May 12 th 1915, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Pain in Diaphragm after an operation by Dr Frank E Martin

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Uncertain

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edw Cairnes M. D.

May 13th 1915. (Address) 2025 K St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden — DATE OF BURIAL, May 14, 1915

20-UNDERTAKER, Horace Burgee & Son — ADDRESS 3631 Falls Road

Spec.—5-19-13—M. & T.—500 Bks.

C85296

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C85296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 204 N. Chester ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Baer

(Residence in Baltimore: No. 204 N. Chester St.; 59 yrs., 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 18, 1855 (Month) (Day) (Year)

7-AGE, 59 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dried Meat Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Bankard Baer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary E Heins

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth M. Baer

(Address) 204 N. Chester St.

15- Filed MAY 14 1915 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1915, to May 11 1915, that I saw h[illegible] alive on May 10, 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. 2 mos. 11 ds.

(Signed) G. H. Rost M. D.

May 12, 1915. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL, May 14, 1915

20-UNDERTAKER: Chas. G. Black — ADDRESS 120 W. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85297 C85297

CERTIFICATE OF DEATH.

40

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Union ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Schmidt

(Residence in Baltimore: No. 557 Union St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	widow

6-DATE OF BIRTH, ... Jan. (Month) 3 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 4 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Nicholas Berndal

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annigonda Willand

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mr W. Schmidt

(Address)..... 757 Guilford Ave

15- Filed MAY 14 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2 1915, to May 12 1915, that I saw h[illegible] alive on May 12 1915, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia (Primary)

..... (Clinical Diagnosis)

..... (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

..... (Duration) yrs. mos. ds.

(Signed)..... Jno. F. Steiger M. D.

May 13, 1915. (Address) 106 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 15, 1915
20-UNDERTAKER	ADDRESS
Mrs A. Rohde & Son	730 Park Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 722 Sarah Anne St.: 4 WARD)
2 FULL NAME John H. Hoyt
Residence in Baltimore: No. 722 Sarah Anne St.; yrs., mos. ds.)

1915 085238
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE, 55 (age given) yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Jennie Blake
(Address) 722 Sarah Anne St.

15- Filed MAY 14 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebritis
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) yrs. mos. ds.
(Signed) D. T. Ritter M. D.
May 13th, 191... (Coroner) (Address) 2113 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery
DATE OF BURIAL, May 14th, 1915
20-UNDERTAKER Felix B. Pyfe
ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

C85299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x64 C85299

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Bal. Gen. Hospital 11 ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Harry L. McWinter

(Residence in Baltimore: No. Md Gen Hospital St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, ... July (Month) 25 (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk as
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Tax assessor

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Geo W McWinter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lydia Moore

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles McWinter

(Address) Chestertown Md.

15- Filed MAY 14 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

1872

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1915, to May 13 1915, that I saw him alive on May 13 1915, and that death occurred, on the date stated above, at 12:10 A.m.

The CAUSE OF DEATH* was as follows:

Pedema of Brain

..... (Duration) ..... yrs. ..... mos. 2 wks ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. P. Brook M. D.

May 13, 1915 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Chestertown Md

Former or usual residence Chestertown Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chestertown Md	May 14, 1915
20-UNDERTAKER H. McCauley	ADDRESS 1624 N Monroe

Spec.—8-24-14—M. & T.—2000 Bks.

685200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

685200

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Madison Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. Gross

(Residence in Baltimore: No. 2130 Madison Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, March 15th, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Raccoonist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Gross

(Address) 2130 Madison Ave

15- Filed MAY 14 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1915, to May 12 1915, that I saw h[illegible] alive on May 12 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

..... (Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe & Bronchitis

..... (Duration) about 6 weeks yrs. mos. ds.

(Signed) Henry Bet. Bayley M. D.

May 13, 1915. (Address) 1126 N. Mott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	May 15, 1915
20-UNDERTAKER H. W. Cautinet	ADDRESS 1647 N. Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

685201

685201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 N. Mt Royal Ave St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Corcoran

(Residence in Baltimore: No. 1423 N. Mt Royal Ave St.; at 50 yrs.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 29th, 1843 (Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Corcoran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Landers

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Miss Nanie Corcoran

(Address) 1423 N. Mt Royal Ave

15- MAY 14 1915 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

Dr. R. Warfield.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May Twelfth, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 12 1915, to May 12th 1915, that I saw h-im alive on May 12th 1915, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes ... Diabetic Gangrene.

Diabetes for years (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

Senile Debility (Duration) .....yrs.....mos. 2 ds.

(Signed) R. B. Warfield M. D.

May 15, 1915. (Address) 841 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, May 15, 191.

20-UNDERTAKER H. W. Gaither

ADDRESS 1542 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85302

CERTIFICATE OF DEATH.

91 C85302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Albemarle ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Delano (Celano)

(Residence in Baltimore: No. 237 Albemarle St.; — yrs., 2 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 9 (Day) 1913 (Year)

7-AGE. 1 yrs. 10 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Angelo Delano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Restino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angelo Delano

(Address) 237 Albemarle st.

15- Filed MAY 14 1915, 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/11, 191 5, to 5/12 191 5, that I saw h m alive on 5/12 191 5, and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Bronco - pneumonia

(Duration) ...yrs...mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) Jos. Testa M. D.

, 191... (Address) 210 Pearl st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent — DATE OF BURIAL, May 14, 1915.

20-UNDERTAKER Wendell Shipley & Son — ADDRESS 37 S Gay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

085303 HEALTH DEPARTMENT—CITY OF BALTIMORE 085303

CERTIFICATE OF DEATH.

175

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard A. Hopkins

(Residence in Baltimore: No. 2203 Oak St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, December 20., 1882
(Month) (Day) (Year)

7-AGE, 32 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pa. R. R.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Jesse R. Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Hoover.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice V. Hopkins

(Address) 1817 Barclay St.

15-

Filed MAY 14 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(~~Inquest, autopsy or inquiry.~~)
Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - B. & O. R. R. Fell off car steps while car was in motion.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture skull & ribs

(Duration) yrs. mos. ds.

(Signed) Thos. R. Chambers M. D.
(Coroner.)

May 14, 1915. (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the about City. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary Emmitsburg

DATE OF BURIAL, May 14 1915

20-UNDERTAKER Dan Cook

ADDRESS 5029 Northern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85304

CERTIFICATE OF DEATH.

146 C85304

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Pfeffer

(Residence in Baltimore: No. 709 N. Glover St. St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 13, 1906 (Month) (Day) (Year)

7-AGE, 9 yrs. 1 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wm Pfeffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Peer

13-BIRTHPLACE OF MOTHER (State or Conntry), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Pfeffer

(Address) 709 N. Glover St.

15- Filed MAY 14 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 8 1915, to May 13 1915, that I saw her alive on May 13 1915, and that death occurred, on the date stated above, at 6.45 A.m.

The CAUSE OF DEATH* was as follows:

Sinusitis (Antrum, Ethmoid and Frontal)

(Duration) yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Septic Meningitis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) H. H. Warner M. D.

May 13, 1915. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 5 ds. In the State yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 709 N. Glover St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, ..., 1915.

20-UNDERTAKER Wm Cook

ADDRESS Baltimore

C85305

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 V C85305

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 225 N Kenwood ave St. 6 WARD)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Creamer (Creamer)

(Residence in Baltimore: No. 225 N Kenwood ave St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 13, 1915 (Month) (Day) (Year)

7 AGE: yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Arthur Creamer

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Helen Sauerland

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Creamer

(Address) 225 N Kenwood ave

MAY 14 1915 Filed 19

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 13th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1915, to May 13 1915, that I saw h.. alive on May 13, 1915, and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Premature Birth
6 1/7 Mos.
1 hr.
(Duration) yrs. mos. ds

Contributory (SECONDARY) Prolapse Umbilica
(Duration) yrs. mos. ds.

(Signed) E. K. Tracy M. D.

May 14, 1915 (Address) 401 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery | DATE OF BURIAL: May 14, 1915

20 UNDERTAKER: Mundell & Hopkins Sons | ADDRESS: 373 Lanvale St

Spec.—5-19-13—M. & T.—500 Bks.

C85306

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85306

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home Infirm ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Akehurst

(Residence in Baltimore: No. 1431 Woodall St. St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 24, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Thomas Akehurst

11-BIRTHPLACE OF FATHER (State or Country), Kent Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth F. Akehurst
(Address) 1431 Woodall

15- MAY 14 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1915, to May 13 1915, that I saw h.. alive on May 13 1915 and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

(a) Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Warren C. Stark M. D.

May 13..., 1915. (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 17 ds. In the dt. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1431 Woodall St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	May ....., 191...
20-UNDERTAKER Wm. Cook	ADDRESS 501 Park Ave

Spec.—5-19-13—M. & T.—500 3ks.

C85307

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85307

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 877 Clifford ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Clayton

(Residence if Baltimore: No. 877 Clifford St.; 52 yrs., mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day) (Year)

7-AGE, 52 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Clayton

(Address) 877 Clifton St

15- MAY 14 1915 Filed 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1915, to May 11 1915, that I saw her alive on May 10 1915, and that death occurred, on the date stated above, at 9.15a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. da.

(Signed) John G Schweitzer M. D.

May 11, 191 (Address) 112 Allison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 14, 1915

20-UNDERTAKER John G Bowman Son — ADDRESS 901 Dolphin

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85308 — 81 — C85308

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 708 N. Collington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Wilson

(Residence in Baltimore: No. 708 N. Collington Ave St. 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug 17, 1826 (Month) (Day) (Year)

7-AGE, 88 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Benjamin Bailey

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. D. Ross

(Address) 708 N. Collington Ave

15. MAY 14 1915 Filed, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1915, to May 13, 1915, that I saw h[illegible] alive on May 12, 1915, and that death occurred, on the date stated above, at 1[illegible]m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(Duration) 1 yrs. mos. 5 ds.

(Signed) C. B. Mitten M. D.

May 14, 191.. (Address) 1711 E Back St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 16, 191 5

20-UNDERTAKER Fickler & Pickler — ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85309

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85309

CERTIFICATE OF DEATH.

110

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital, Linden ave. & Madison st. ST.. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Brannigan,

(Residence in Baltimore: No. 115 N. Paca street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, ... Unknown, ... / .....
(Month) (Day) (Year)

7-AGE, ... 27 ... yrs. ... ? ... mos. ... ? ... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland,

PARENTS.

10-NAME OF FATHER, William Bray,

11-BIRTHPLACE OF FATHER (State or Country). Ireland,

12-MAIDEN NAME OF MOTHER Mary Whalen,

13-BIRTHPLACE OF MOTHER (State or Country). Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Thompson, sister,

(Address) 115 N. Paca street.

15- ROBERT . KRAUTER,
Filed MAY 14 1915 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 13th ...., 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) ...inquiry...find that said deceased came to.....her.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
.....Rectal fistula and abscess,.....
.....(cause unknown).....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration) ...yrs.....mos.....ds.

(Signed) J. Frederick Campbell M. D.
(Coroner.)

May 13, 1915. (Address) ... 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery — DATE OF BURIAL, May 15, 1915.

20-UNDERTAKER J. C. Rudisill — ADDRESS 9th & Greenmount ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85310

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C85310

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED No. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Roach

Residence in Baltimore: No. Little Sisters of the Poor St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH ....unknown.... (Month) ....1.... (Day) ....(Year)

7-AGE 69 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Thomas Elliott

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary Cullinan

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-Filed MAY 14 1915 191.... ROBERT F. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 13, 1915 (Month) (Day), (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1915, to, May 13 1915, that I saw h.. alive on May 3 1915, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chr endocarditis

....unknown.... (Duration) ....yrs. ....mos. ....ds.

Contributory (SECONDARY) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Hayword M. D.

5/13, 191 5. [Address] 838 E. Preston

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 7 yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cathedral — DATE OF BURIAL May 14 191 5

20-UNDERTAKER H C Pendfield — ADDRESS 910 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C85311 C85311

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 927 Hulbert alley St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brown

(Residence in Baltimore: No. 927 Hulbert alley St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	B	single

6-DATE OF BIRTH: May (Month) 13 (Day), 1915 (Year)

7-AGE: ... yrs. ... mos. ... ds. — If LESS than 1 day — hrs., or 45 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Ernst Brown

11-BIRTHPLACE OF FATHER (State or country): Mass

12-MAIDEN NAME OF MOTHER: Margaret Graham

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15- MAY 14 1915 ROBERT . KRAUTER, JOHNS Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — ..., 191..., to, — ...191...,
that I saw h... — alive on — ...191...,
and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Intra-uterine asphyxiation
(Heart beat for 45 min.)

(Duration) ...yrs ...mos ...ds.

Contributory (SECONDARY) Umbilical cord around neck.

(Duration) ...yrs ...mos ...ds.

(Signed), Ed. D. Plass M. D.

May 13, 1915 [Address] J. H. H.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	MAY 14 1915 191
20-UNDERTAKER Pompilarian Wash	ADDRESS

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85312

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 C85312

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2205 Etting St.: 14 WARD)

2 FULL NAME Willis Rogers

(Residence in Baltimore: No. 2205 Etting St.: 1 yrs. mos. ds.)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: unknown, 1850 (Month) (Day) (Year)

7 AGE: 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Willis Rogers

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Augusta Rogers

(Address) 2205 Etting St.

15 Filed MAY 14 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 12, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1915, to May 12 1915, that I saw him alive on May 12, 1915, and that death occurred, on the date stated above, at 6.30 P. m.
The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. mos. 1 ds.

(Signed) T. E. Dunphy M. D.

May 12, 1915. (Address) 160 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 16th 1915

20 UNDERTAKER: Felix B. Pyle — ADDRESS: 102 E. Mulberry St.

085313

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 085313

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Bond ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schwartz (I)

(Residence in Baltimore: No. 211 N. Bond St.; ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: May (Month) 7 (Day), 1915 (Year)

7-AGE: ...yrs. ...mos. 7 ds. If LESS than 1 day, ...hrs., or ...min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Sam Schwartz

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Tillie Kauffman

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Schwartz

(Address) 211 N Bond st

15- Filed MAY 14 1915 ROBERT KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1915, to, May 14, 1915, that I saw h... alive on May 13 1915, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ... yrs ... mos 5 ds.

Contributory (SECONDARY) Emaciation

(Duration) ... yrs ... mos ... ds.

(Signed), E. D. Plass M. D.

May 14, 1915 [Address] 2 H H

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs ...mos ...ds. In the State ...yrs ...mos ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: May 14 1915

20-UNDERTAKER: L. Lemmon & Bro — ADDRESS 1107 E Balto st

U. S.—Every item in this return must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 a.m. 5/15/15 am C85314

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85314

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 932 Myrtle ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Shea (Shea)

(Residence in Baltimore: No. 932 Myrtle St.: 2 yrs. 9 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: July (Month) 10 (Day) 1912 (Year)

7-AGE: 2 yrs. 9 mos. 3 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Henry Brown

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Mary Shea

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawsaulk

(Address) 1105 mason st

15- Filed MAY 14 1915, 191 — ROBERT F. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1915, to, May 13 1915, that I saw her alive on May 13 1915, and that death occurred, on the date stated above, at 8.40 p.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (Duration) ... yrs ... mos. 6 ... ds.

Contributory (SECONDARY) Bronchial Pneumonia

..... (Duration) ... yrs ... mos. 3 ... ds.

(Signed), H.C. Pelletreau M. D

May 14 1915 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. — DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Robt L. Elliott — ADDRESS: 506 Rogers Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85315 HEALTH DEPARTMENT—CITY OF BALTIMORE C85315

42

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 S Carey St.; 21 WARD)

2-FULL NAME Alice Herbert Hanson

(Residence in Baltimore: No. 1317 S Carey St.; 5Y 0 yrs. — mos. — ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ~~1853~~ October 4, 1858 (Month) (Day) (Year)

7-AGE, 56 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Calvert Co Maryland

PARENTS.

10-NAME OF FATHER, Reuben H. Herbert

11-BIRTHPLACE OF FATHER (State or Country), Mayland

12-MAIDEN NAME OF MOTHER Alice Herbert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hanson

(Address) 1217 S. Carey St.

15-MAY 15 1915 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15 1914, to May 13 1915, that I saw her alive on May 12 1915, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus & Bladder,
Squamous Cell Carcinoma
(Pathological Specimen)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mal. Intestinorum

(Duration) yrs. mos. 10 ds.

(Signed) Shepherd D Mays M. D.

(Address) 912 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Leakin Hill Cemetery DATE OF BURIAL, May 15, 1915

20-UNDERTAKER Mrs J E Evans ADDRESS 1425 Pulaski

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85316 (C85316)

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

74

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.: 2 WARD)

2-FULL NAME Joseph Reynolski

(Residence in Baltimore: No. 224 S. Wolfe St. St.; — yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1885 (Month) (Day) (Year)

7-AGE: 29 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundry Work.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Hendrick Reynolski

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Mary ———

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. Phelps

(Address): Johns Hopkins Hosp.

MAY 15 1915

Filed....., 191.....

HARRY C. ARMSTRONG, Burial Permit Clerk

REGISTRAR

N. B.—Every question on this certificate should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1915, to, May 12 1915, that I saw him alive on May 12, 1915, and that death occurred, on the date stated above, at 1 20 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (not Tuberculous)

Operation X

(Duration) 2 yrs — mos. — ds.

Contributory (SECONDARY) Operation

(Duration) — yrs — mos. 4 ds.

(Signed), Geoge R. Dunn, M. D.

May 12, 1915 [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos 22 ds. In the State — yrs — mos — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 229 S. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Jacob Fialkowski

ADDRESS: 728 S. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(85517) 34 (85517

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Rose ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon S. Russell

(Residence in Baltimore: No. 520 N Rose St St.; ....yrs,, ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Mar (Month) 24 (Day), 1913 (Year)

7-AGE, 2 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wilbert Russell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Mayfield

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE ~~TO THE~~ BEST OF MY KNOWLEDGE.

(Informant) Wm Russell

(Address) 520 N Rose St

15-MAY 15 1915

Filed....., 191... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 12 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 11 1915, to May 12 1915, that I saw h alive on May 12 1915, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis Pulmonalis

(b)

(c)

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) General Adynamia

(Duration) ....yrs. 7 mos. ....ds.

(Signed) Thos B Emerson M. D.

May 13 1915 (Address) 218 N Patterson Pk Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, May 15, 1915

20-UNDERTAKER E & B Hall

ADDRESS 115 E Lexington St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C85313

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Frederick Av ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Eitze

(Residence in Baltimore: No. 3325 Frederick Av St.; 55 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, April 21, 1822
(Month) (Day) (Year)

7-AGE, 93 yrs. ..... mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Rope-Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Heinrich Eitze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Eitze

(Address) 3325 Frederick Av

15- MAY 15 1915 HARRY D. ARLEN,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1915, to May 13 1915, that I saw h... alive on May 13 1915, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Arterial Sclerosis

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jam M. D.

May 14, 191.. (Address) Druid St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	May 16, 1915
20-UNDERTAKER	ADDRESS
Chas. H. Hill	307 Druid Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85319

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C85319

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2134 Pennsylvania Ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Paul Constant

(Residence in Baltimore: No. 2134 Pennsylvania ave St.; yrs. 7 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 26 (Day), 1914 (Year)

7-AGE: ..... yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Raoul Constant

11-BIRTHPLACE OF FATHER (State or country): Greece

12-MAIDEN NAME OF MOTHER: Mazie Appler

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Davis

(Address) 646 Brice st

15. Filed MAY 15 1915, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1915, to May 14 1915, that I saw him alive on May 14, 1915, and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J Harry Glassman M. D.

May 14, 1915 (Address) 742 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Robt Brooks Son & Co — ADDRESS: S E Cor Calhoun & Hollins

C85529

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C85529

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 278 Hickory ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Estella Kerr

Residence in Baltimore: No. 278 Hickory ave St.; yrs. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: April (Month) 25 (Day) 1915 (Year)

7-AGE: ..... yrs. mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country)
278 Hickory ave Baltimore

PARENTS

10-NAME OF FATHER: Lawrence E. Kerr

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Helen E. Jackson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence E. Kerr

(Address) 278 Hickory ave

15- MAY 15 1915 Filed ..... 191 HARRY O. ARLBERG, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25, 1915, to, May 14 1915, that I saw her alive on May 14 1915, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Marasmus.

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Gastro Enteritis

(Duration) ..... yrs ..... mos. 20 ds.

(Signed) J. Lee Morrison M. D.

May 14, 1915. [Address] 363 Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former residence .....

19- PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: 5/17/1915

UNDERTAKER: Thomas Kirk & Son — ADDRESS: Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C85321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C85321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 W 38th St. ST.; 13 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Pearce Taylor

Residence in Baltimore: No. 1114 W 38th St

(If not in Baltimore give STATE OR COUNTRY.) (If LESS than 1 year, give months or days.)

Ag't: 37 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Sept 22, 1877. (Month) (Day) (Year)

7-AGE, 37 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: William Taylor

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Carrie Taylor

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucinda Taylor

(Address) 1114 W 38

15- Filed MAY 15 1915, 191... HARRY O. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 13 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to May 13 1915, that I saw h[illegible] alive on May 13 1915, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Langhem M. D.

5/14, 191.. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Md.	5/16, 191..
UNDERTAKER	ADDRESS
Clearwater & Son	Charles St.

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85322 — 120 — C85322

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 102 Old York Road ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton R. Wescott

(Residence in Baltimore: No. 102 Old York Road St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 1st (Day) 1848 (Year)

7-AGE: 66 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Bohemia

PARENTS

10-NAME OF FATHER: Wenceslaus Wescott

11-BIRTHPLACE OF FATHER (State or country): Bohemia

12-MAIDEN NAME OF MOTHER: Mt Brown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minna Wescott

(Address) 102 Old York Road

15- Filed MAY 15 1915 HARRY O. ATKINSON, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13th (Day) 1915

17- I HEREBY CERTIFY, That I attended deceased from March 16th, 1915, to, May 13th 1915, that I saw h.... alive on May 12 1915, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) — yrs 6 mos. — ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) M. Gilbert M. D.

5/13/15 191.... [Address] 130 York Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Geo M. Fink — ADDRESS: 811 N Wolfe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85323

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85323

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Henry Stewart

(Residence in Baltimore: No. Mt Washington St.—yrs., —mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH: Mch 20, 1873
(Month) (Day) (Year)

7-AGE: 42 yrs. 1 mos. 23 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Robt J. Stewart
11-BIRTHPLACE OF FATHER (State or Country): Balto Md
12-MAIDEN NAME OF MOTHER: Elmira G Thompson
13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry S Carson
(Address) Balto Md

15- MAY 15 1915 Filed....., 191.. HARRY O. ARLBERG, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Cervical Vertebrae
accident — Auto Overturned
(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs.....mos.....ds.

(Signed) J. Edw Peters (Coroner) M. D.
May 14 1915 (Address) 1613 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs.....mos. 7 ds. In the State 42 yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Mt Washington
Former or usual residence Mt Washington

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem.	May 15, 1915
20-UNDERTAKER	ADDRESS
K. H. Jenkins & Son Co	Orchard & McCulloh Sts

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. All medical information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very

over

Spec.—8-24-14—M. & T.—2000 Bks.

C85324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X91 C85324

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Md Gen. Hosp. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. H. Carl Billmyer,

(Residence in Baltimore: No. Union Bridge, Md St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) ..... (Day), 1850 (Year)

7-AGE, 65 yrs. — mos. — da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Myers

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H Billmyer

(Address) Unionbridge Md.

15- Filed MAY 15 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1915, to May 15 1915, that I saw her alive on May 15 1915, and that death occurred, on the date stated above, at 4.10 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs....mos. 5 da.

CONTRIBUTORY (Secondary) Multiple Hemiplegia

(Duration) ....yrs. 1 mos....da.

(Signed) Chas. C. Pugsley M. D.

May 15, 1915. (Address) Md Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 20 da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death? at home

Former or usual residence Union Bridge Md

19-PLACE OF BURIAL OR REMOVAL, Unionbridge Md. DATE OF BURIAL, May 16, 1915.

20-UNDERTAKER W M Routson ADDRESS 230 E Green

Cause of death to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85525

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85525

CERTIFICATE OF DEATH.

120

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 616 W. Hoffman street, ST.: 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Sample,

(Residence in Baltimore: No. 616 W. Hoffman street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, ... Unknown, (Month) ..... (Day) 1 (Year)

7-AGE, 54 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wilson, daughter,

(Address) 616 W. Hoffman street,

15- Filed MAY 15 1915 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 13th (Day), 1915. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Chronic interstitial nephritis,
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D. (Coroner)

May 13th 1915. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn	DATE OF BURIAL, 5/16, 1915
UNDERTAKER Saml F Hemsley	ADDRESS 578 N Bradford

I.S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85326

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C85326

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Helmes alley ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Turpin

(Residence in Baltimore: No. 1205 Helmes alley St.: ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day), 1865 (Year)

7-AGE: 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nathan Turpin

(Address) 1205 Helmes alley

15- MAY 15 1915 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 12th (Month) (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31st, 1915, to May 10th 1915, that I saw him alive on May 10th 1915, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Heart with dilatation and dropsy Paralysis of Left side & hypostasis

Death Sudden by Heart Stoppage

Many years (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A N Bond M. D.

May 12, 1915 (Address) 3104 Walbrook ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: May 15 1915

20-UNDERTAKER: Samuel Thursby — ADDRESS: 711 W Biddle

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85327 C85327

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Argyle ave ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Shields

(Residence in Baltimore: No. 1305 Argyle ave St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May ....., 1911
(Month) (Day) (Year)

7-AGE, 4 yrs. mos. da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Shields

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lillian Price

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Grace Brecon

(Address)... 413 Robert St.

15- MAY 15 1915 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10th 1915, to May 13th 1915, that I saw h in alive on May 12th 1915, and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

..... (Duration) ....yrs. 1 mos. ....da.

CONTRIBUTORY (Secondary) Not Known

..... (Duration) ....yrs. ....mos. ....da.

(Signed) Thos J. Keller M. D.

May 13th, 191.5. (Address) 22 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, M X Cemetery

DATE OF BURIAL, May 15, 1915

20-UNDERTAKER Isaac T. Hanesley

ADDRESS 5786 Belair Rd

Cause of death to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085323

CERTIFICATE OF DEATH.

64 (085323)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Mulliken ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 1211 Mulliken St.; ....yrs., ...mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver Delivery
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Smith

(Address) 1211 Mulliken

15- Filed MAY 15 1915, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1914, to May 14 1915, that I saw him alive on May 13 1915, and that death occurred, on the date stated above, at 10,13 P.M.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis
with Cerebral Hemorrhage
Pneumonia

(Duration) ....yrs. 6 mos. 26 ds.

CONTRIBUTORY (Secondary), Cerebral Hemorrhage
Paralysis Paraplegia (Duration) ....yrs. ....mos. 16 ds.

(Signed) W. C. Burns M. D.

May 14, 1915. (Address) 2218 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 16 1915
20-UNDERTAKER, Samuel T. Hensley	ADDRESS 578 Mulberry

CAUSE OF DEATH must be plainly stated, and all the particulars required must be given if possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85329

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 C85329

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1500 Battery Ave. St.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Stevens

(Residence in Baltimore: No. 1500 Battery Ave. St.: ..... yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 15 (Day), 1915 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 15 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ironer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles L. Stevens.

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ellen Hughes

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Stevens.

(Address) 1500 Battery Ave

15 Filed MAY 15 1915 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 15 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1915, to May 15 1915, that I saw him alive on May 15, 1915, and that death occurred, on the date stated above, at 12.40 a. m.

The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to close.

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. T. Seabury M. D.

May 15, 1915 (Address) 621 E. Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: May 16 1915

20 UNDERTAKER: Wm. J. Fahey & Son | ADDRESS: 1318 Light St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(85839) 28 (85839)

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2915 N. Calvert ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Mahon

(Residence in Baltimore: No. 2915 N. Calvert St.; 31 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: February 25, 1884 (Month) (Day) (Year)

7-AGE: 31 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: James M. Mahon

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Ella Ware

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Mahon

(Address) 2915 N. Calvert St.

15- Filed MAY 15 1915 191... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 14th 1915. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 19th 1915, to May 14th 1915, that I saw him alive on May 13th 1915, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frederick D. Owen M. D.

May 15, 1915 (Address) 2847 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 17 191...

20-UNDERTAKER Henry W. Means & Sons

ADDRESS 805 N. Calvert St

Strike out the words not applicable. Fill in all blanks with ink or typewriter. Be sure to give house number in all cases where it can be obtained. If the deceased was a married woman, a widow, or a widower, the maiden name should be given. If the information required is unknown, the fact should be stated. Be sure to answer all questions in full. Ditto marks should not be used. Where the space is not sufficient for the answer, use the reverse side of the certificate. The certificate must be filled out and signed before a burial permit will be issued. Every statement must be as nearly accurate as the knowledge of the informant will permit. Every question must be answered. Where the information is not important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85331 — 1914 — 92 — C85331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD) — REGISTERED NO. C.....

2-FULL NAME Olmstead R. Burk (Olmstead Burk?) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Hotel Calvert, Calvert St St.; 8 yrs. ... mos. ... da.)
347 N. Calvert St.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 1 (Day) 1865 (Year)

7-AGE, 49 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. R. Burke

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Ellen Clarke

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Filed MAY 15 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to May 13 1915, that I saw h... alive on May 13 1915, and that death occurred, on the date stated above, at 7.00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward L. Dent M. D.

May 13 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Calvert St

Former or usual residence Calvert St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 15, 1915.

20-UNDERTAKER Henry W. Meade & Son — ADDRESS 810 N. Calvert St

Please answer all questions, as fully as may be necessary to make a complete and legible record. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Eleanor Ely.

C85332

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, No. St. Joseph's Hospital ST.; WARD) REGISTERED No. C 92

2-FULL NAME Mrs Eleanor Ely

(Residence in Baltimore: No. 304 S. Duncan St. St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 10th, 1878 (Month) (Day) (Year)

7-AGE, 36 yrs. 10 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Charles Ely

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City Md.

12-MAIDEN NAME OF MOTHER Katherine Volland

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard D. Ely

(Address) 405 S. Duncan St.

15- MAY 15 1915 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1915, to May 13 1915, that I saw her alive on May 13, 1915, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Edward H. Thomas M. D.

May 13, 1915. (Address) 1211 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. 25 mos. ds.

Where was disease contracted if not at place of death? 406 Eden St

Former or usual residence 406 Eden St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, May 16, 1915

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleet St.

Fill in plain words, so that it may be properly classified. Have attendant or OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85333 / C85333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. N. Caroline St. ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Anderson

(Residence in Baltimore: No. 1118 E. Lexington St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single

6-DATE OF BIRTH. December 16th, 1856. (Month) (Day) (Year)

7-AGE. 58 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Lehmeller Building Co

9-BIRTHPLACE. (State or Country). Michigan

PARENTS.

10-NAME OF FATHER. Edward Anderson

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Smith

(Address) 1118 E Lexington st

15. Filed MAY 15 1915. 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1915, to May 14 1915, that I saw h... alive on May 14 1915, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever,

(Duration) 4 weeks yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Edema

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Winston Clk't M. D.

May 14 1915 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1118 E Lexington St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	May 16th 1915
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Baltimore

Property of Baltimore City Archives. Exact treatment of OCCUPATION is very important. See instructions on back of certificate.

C85334

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C85334

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1822 Etting St 14 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Frances Owens.

(Residence in Baltimore: No. 1822 Etting St ST.; yrs. 19 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1913 (Year)

7-AGE: 1 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Charles Owens.

11-BIRTHPLACE OF FATHER (State or country): West Point Va

12-MAIDEN NAME OF MOTHER: Matilda Tyler

13-BIRTHPLACE OF MOTHER (State or country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Matilda Owens.

(Address) 1822 Etting St

15-Filed MAY 15 1915 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14 (Day), 1915 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 13, 1915, to May 14 1915, that I saw he alive on May 13, 1915, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchi pneumonia.

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. H. McCarty. M. D.

May 14, 1915 (Address) 374 W Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 15, 1915

20-UNDERTAKER: Thom Owens — ADDRESS: 122 Division

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85335

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85331

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Preston Pl ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsmer E. Aldrich

(Residence in Baltimore: No. 2201 Preston Pl St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 18, 1862
(Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocery Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Elias Aldrich

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Minnie Mallet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roan I. Aldrich

(Address) 2201 Preston Pl

15- MAY 15 1915 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1915, to May 14 1915, that I saw h.. alive on May 14 1915. and that death occurred, on the date stated above, at 4.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. E. Brewer M. D.

May 15 1915 (Address) 1301 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 16, 1915
20-UNDERTAKER	ADDRESS
Christian Miller	2004 Eastern Ave

Important. See instructions on back of certificate. Property cannot be buried or removed without a permit. Name and place of residence of informant should be given. Cause of death must be stated. If occupation is that of wife or child, the husband's or parent's occupation should be given. If deceased was a soldier, sailor or marine, or a child of one, the fact should be stated.

Spec.—5-19-13—M. & T.—500 Bks.

C85335

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED NO. C85336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy King

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ..... yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... February (Month) 4th (Day), 1915 (Year)

7-AGE.	If LESS than 1 day.
..... yrs. 3 mos. 9 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... St. Vincents .....

(Address) ..... 1701 Division St .....

15- Filed MAY 15 1915 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 13th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to May 13th 1915, that I saw h.et alive on May 13th 1915, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition .....

..... (Duration) ..... yrs. 3 mos. 9 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer G. Hall ..... M. D.

....., 191... (Address) 1612 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 8 ds. In the State ..... yrs. 3 mos. 9 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	May 15 1915
20-UNDERTAKER	ADDRESS
M Fahey & Son	606 Fayette St

Should this certificate be found defective in any particular, or unsatisfactory, it will be returned for correction. Every question on this blank is important. See instructions on back of certificate.

C85337 HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C85337

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-16 N. Vincent ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Conley

(Residence in Baltimore: No. 5-16 N. Vincent St.; whole life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. 15- (Month) (Day), 1894 (Year)

7-AGE: 21 yrs. 3 mos. 19 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Genl housework

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Thomas Conley

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Sah Wise

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaiah Valentine

(Address) 5-18 N. Pennsylvania Ave.

15- Filed MAY 15 1915 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14 (Day), 1915- (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8- , 1915- , to, May 14 1915- , that I saw h[illegible] alive on May 13- 1915- , and that death occurred, on the date stated above, at 10:00 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of intestines

about

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Chas. C. McCarthy M. D.

May 14 1915- [Address] 906 N. Stricker St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 16th 1915

20-UNDERTAKER: Felix B. Pyle

ADDRESS: 102 E Mulberry St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C85338

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85338

CERTIFICATE OF DEATH

137

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bieber Sellman Sanatorium ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Eberhardt.

(Residence in Baltimore: No. 2875 W. Baltimore St.: 15 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 26, 1875 (Month) (Day) (Year)

7-AGE: 39 yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Henry Michel

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. E. Eberhardt Sr.

(Address) 2875 W. Baltimore St.

15. Filed MAY 15 1915 ROBERT . KRAUTHER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 12 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/24, 1915, to 5/12 1915, that I saw her alive on 5/12, 1915, and that death occurred, on the date stated above, at 9a 10 m.

The CAUSE OF DEATH* was as follows:

Incomplete Abortion apr 3, 1915

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Septicaemia

..... (Duration) ..... yrs. ..... mos. 18 ds.

(Signed) Geo. W. Dorsett M. D.

5/12, 1915 (Address) 2026 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 18 ds. In the State 39 yrs. 6 mos. 16 ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 2875 W. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 16, 1915

20-UNDERTAKER: F. D. Wakefield — ADDRESS: 2238 Frederick

John B. Leidig

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C85339

1 PLACE OF DEATH

REGISTERED No. C 70 C85339

CITY OF BALTIMORE: (No. 4107 Frederick Ave St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bernhard Leidig

(Residence in Baltimore: No. 4107 Frederick Ave St.; 24 yrs. mos. ds.)

Exact statement of OCCUPATION is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 10th (Day), 1848 (Year)

7-AGE: 66 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Cigars & Tobacco

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Geo Leidig

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Hassel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Leidig

(Address) 4107 Frederick Av

15- Filed MAY 15 1915, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1915, to, May 14 1915, that I saw h.. alive on May 14 1915, and that death occurred, on the date stated above, at 1.9 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) unknown yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Oedema & Heart failure

(Duration) 1 yr. mos. ds.

(Signed), Henry J. Hahn M. D.

May 15, 1915 [Address] 1108 Park Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 16th 1915

20-UNDERTAKER: F. D. Klepper

ADDRESS: 1238 Fredk Av

Spec.—5-19-13—M. & T.—500 Bks.

C85340

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85340

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 E. Mulliken WARD) 6

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Alice Riderson

(Residence in Baltimore: No. 1644 E. Mullikin St. St.; 30 yrs., — mos. — ds.)

Known to Tuberculosis Nurses Division as Alice Richardson

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, May (Month) 14 (Day), 1871 (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jefferson Baynham

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Etta Wormley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gough

(Address) 1644 Mulliken st

15- MAY 15 1915 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1915 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 14 1915, that I saw h.. alive on May 13 1915, and that death occurred, on the date stated above, at 8.46 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 6 mos. ds.

(Signed) Richard L. Eschinger M. D.

....., 191... (Address) 1514 E. Baltimore st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Sem., DATE OF BURIAL. May 16th, 1915.

20-UNDERTAKER Harry A Vodery ADDRESS 1725 Orleans st

Cross out all that do not apply. Entire statement of OCCUPATION is very important. See instructions on back of certificate. Use typewriter or pen and ink; if latter, be sure to write plainly. Do not use pencil. Be careful to use no abbreviations except those allowed. Be sure to give full information for every item. Write plainly. Be careful to use no abbreviations except those allowed. Be sure to give full information for every item.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85341

CERTIFICATE OF DEATH.

28 C85341

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 314 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Bodels

(Residence in Baltimore: No. 314 S. Spring St. St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Aug 3, 1885. (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Charles Stevens

11-BIRTHPLACE OF FATHER (State or Country), a a co. Md

12-MAIDEN NAME OF MOTHER, Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Denton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Stevens

(Address) 314 S Spring St

15- Filed MAY 15 1915. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24, 1915, to May 7 1915, that I saw h er alive on May 7 1915, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard D. Easlinger M. D.

May 14., 1915. (Address) 514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Annapolis Rock a. Md

DATE OF BURIAL, May 16., 1915.

20-UNDERTAKER I L Brown & Son

ADDRESS 108 N Monty

Route Annapolis 8 Line

CAUSE OF DEATH to be plainly written, and the certificate must be filled out before a burial permit will be issued. Every question must be answered if possible, and "unknown" or "not ascertained" must not be written if the information can be obtained by reasonable inquiry. Carefully read the questions and write the answers in such a manner that they can be easily understood. Do not use abbreviations or characters, except such as are common. Be particularly careful to fill out correctly and completely the items which are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

085342

CERTIFICATE OF DEATH.

20 085342

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard C. Hightlinger

(Residence in Baltimore: No. 103 N. Gay St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, May 20, 1866 (Month) (Day) (Year)

7-AGE, 48 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Roofer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John A Hightlinger

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Christy

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recd Mercy Hosp

(Address) Calvert St

15- Filed MAY 15 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 1915, to May 12 1915, that I saw him alive on May 12 1915, and that death occurred, on the date stated above, at 2.00 a.m.

The CAUSE OF DEATH* was as follows:

Empyema Staphylococcus

Infection

..... (Duration) Do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) Do not know yrs. mos. ds.

(Signed) Edward P. Smith M. D.

May 13, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 5 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 103 N Gay St

Former or usual residence 103 N Gay St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, May 15, 1915

20-UNDERTAKER Lilly & Geiler

ADDRESS 403 S Wolfe St

IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C85343 — 1 PLACE OF DEATH

CERTIFICATE OF DEATH

119 C85343 — REGISTERED NO. C

CITY OF BALTIMORE (No. 1226 Jefferson ST.: 5 WARD)

2-FULL NAME George A. Travers. (Travers)

(Residence in Baltimore: No. 1226 Jefferson St.: 39 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day), 1876 (Year)

7-AGE: 39 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE (State or country): Balto. city.

PARENTS

10-NAME OF FATHER: James Travers

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Sophia Cook.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Travers

(Address) 32 S Carolina St

15- Filed MAY 15 1915, 191 — ROBERT . KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13 (Day), 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1915, to. May 13 1915, that I saw him alive on May 12, 1915, and that death occurred, on the date stated above, at 4-55 A.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. one mos. ds

Contributory (SECONDARY): Obscure

(Duration) — yrs. — mos. — ds.

(Signed), J. E. Heard, M. D.

, 191 (Address) 203 Virginia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. — DATE OF BURIAL: May 16, 191

20-UNDERTAKER: Mrs J. F. Locks — ADDRESS: 1226 Jefferson ave.

Spec.—5-19-13—M. & T.—500 Bks.

C85344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C85344

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Arlington St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie V Hatch

(Residence in Baltimore: No. 608 Arlington St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 6, 1885
(Month) (Day) (Year)

7-AGE, 29 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Harrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Stier

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathaniel E. Hatch

(Address) 608 Arlington St.

15- Filed MAY 16 1915, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1915, to May 13 1915, that I saw h.. alive on May 12 1915, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Pulmonary Tuberculosis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) R. E. Blume M. D.

May 13, 1915. (Address) 1411 Towanda

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 16, 1915

20-UNDERTAKER John Fields | ADDRESS 120 W. Lombard

Directions for filling out certificate are printed on the back hereof. Please read them carefully before writing. Every question must be answered, or the certificate will be returned for correction. Be particular and write plainly. Use ink. Make no erasures. Be careful to spell correctly. Do not abbreviate. Words like "Infant," "Child," "Boy," "Girl," "Male," "Female," "Unknown," are not sufficient answers. Do not use them. Write out the full name of the month. Do not use figures. Do not forget to answer every question. Do not forget to sign your name. Do not forget to write your address. Do not forget to write the date. Do not forget to write the cause of death. Do not forget to write the duration of the disease. Do not forget to write the name of the attending physician. Do not forget to write the address of the attending physician. Do not forget to write the date of the last visit. Do not forget to write the date of the death. Do not forget to write the time of the death. Do not forget to write the place of the death. Do not forget to write the name of the undertaker. Do not forget to write the address of the undertaker. Do not forget to write the date of the burial. Do not forget to write the place of the burial. Do not forget to write the name of the cemetery. Do not forget to write the name of the clergyman. Do not forget to write the name of the church. Do not forget to write the name of the minister. Do not forget to write the name of the parish. Do not forget to write the name of the diocese. Do not forget to write the name of the bishop. Do not forget to write the name of the archbishop. Do not forget to write the name of the cardinal. Do not forget to write the name of the pope. Do not forget to write the name of the saint. Do not forget to write the name of the martyr. Do not forget to write the name of the confessor. Do not forget to write the name of the virgin. Do not forget to write the name of the widow. Do not forget to write the name of the orphan. Do not forget to write the name of the stranger. Do not forget to write the name of the pilgrim. Do not forget to write the name of the traveler. Do not forget to write the name of the sojourner. Do not forget to write the name of the alien. Do not forget to write the name of the foreigner. Do not forget to write the name of the citizen. Do not forget to write the name of the native. Do not forget to write the name of the inhabitant. Do not forget to write the name of the resident. Do not forget to write the name of the householder. Do not forget to write the name of the head of the family. Do not forget to write the name of the wife. Do not forget to write the name of the husband. Do not forget to write the name of the father. Do not forget to write the name of the mother. Do not forget to write the name of the son. Do not forget to write the name of the daughter. Do not forget to write the name of the brother. Do not forget to write the name of the sister. Do not forget to write the name of the uncle. Do not forget to write the name of the aunt. Do not forget to write the name of the nephew. Do not forget to write the name of the niece. Do not forget to write the name of the cousin. Do not forget to write the name of the grandfather. Do not forget to write the name of the grandmother. Do not forget to write the name of the great-grandfather. Do not forget to write the name of the great-grandmother. Do not forget to write the name of the great-great-grandfather. Do not forget to write the name of the great-great-grandmother. Do not forget to write the name of the great-great-great-grandfather. Do not forget to write the name of the great-great-great-grandmother. Do not forget to write the name of the great-great-great-great-grandfather. Do not forget to write the name of the great-great-great-great-grandmother. Do not forget to write the name of the great-great-great-great-great-grandfather. 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Spec.—5-19-13—M. & T.—500 Bks. Etter Snader.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85345 x 109 C85345

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Etter Snader.

(Residence in Baltimore: No. Union Bridge Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John T Snader

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Clemson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. V. Clemson

(Address) Union Bridge Md

15- Filed MAY 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 15 1915; that I saw h alive on May 15 1915; and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonic pleuro pneumonia disease

..... (Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Part Paralysis & Hardening of Arteries

..... (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) Wm Reed Jr. M. D.

May 15, 1915. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. 8 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence Union Bridge Md

19-PLACE OF BURIAL OR REMOVAL, Union Bridge Md DATE OF BURIAL, May 16, 1915

20-UNDERTAKER, Jas Cook ADDRESS 603 W Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85346 X 91 C85346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED No. C

CITY OF BALTIMORE: (No. 1514 Division St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Anna O. Phagan

(Residence in Baltimore: No. U.P.I. (Rock Hill S.C.) St.: ...yrs., mos. 6 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH. December (Month) 6 (Day), 1887 (Year)

7-AGE. 27 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Florida

PARENTS.

10-NAME OF FATHER, David A. Miller

11-BIRTHPLACE OF FATHER (State or Country) South Carolina

12-MAIDEN NAME OF MOTHER Nettie Kidder

13-BIRTHPLACE OF MOTHER (State or Country). South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Phagan

(Address) Rock Hill. S.C.

15- Filed MAY 16 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 16 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1915, to May 16 1915, that I saw her alive on May 16 1915, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY. (Secondary) Acute Pneumonia (Duration) ...yrs. ...mos. 2 ds.

(Signed) Edwin F. Davis M. D.

..., 191... (Address) M.D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 6 ds. In the State ...yrs. ...mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rock Hill S.C.

19-PLACE OF BURIAL OR REMOVAL Rock Hill S.C. DATE OF BURIAL, May 16., 1915

20-UNDERTAKER Chester Undertaking Co ADDRESS 100 3rd Rock Hill S.C.

important. See instructions on back of certificate.

Spec.—8-24-15—M. & T.—2000 Blks.

Frances Panzarella

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85347

CERTIFICATE OF DEATH.

151 C85347

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Low St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Panzarella

Residence in Baltimore: No. 1131 Low St.; 0 yrs., 0 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 13, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Mark Panzarella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Anna Bell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Panzarella

(Address) 1131 Low St

15- Filed MAY 16 1915 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1915, to May 14 1915, that I saw her alive on May 14 1915, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia both

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Elwood D. Smith M. D.

5-15-, 1915 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	May 16, 1915
20-UNDERTAKER Lilly & Zirkin	ADDRESS 403 S Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C85348

CERTIFICATE OF DEATH.

79 C85348

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E. Lafayette Ave St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Stauer

(Residence in Baltimore: No. 2102 E. Lafayette Ave; 74 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. May 24, 1840 (Month) (Day) (Year)

7-AGE. 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, Henry Horn

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Stauer

(Address) 2102 E. Lafayette Ave

15- Filed MAY 16 1915, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16th 1915, to May 14th 1915, that I saw h[er] alive on May 13th 1915, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Val Dis of heart

(Mitral)

(Duration) Yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yr. Months ds.

(Signed) A. Walsh M. D.

May 14th 1915. (Address) 607 N. Chester St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Pauls Cemetery	May 16, 191..
20-UNDERTAKER	ADDRESS
Robt. Johnson	1422 W. Pratt

important. See instructions on back of certificate.

Copy carefully. Each answer must be properly and fully written. Omission of OCCUPATION is very

C85349

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C85349

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1769 N. Gay st. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Whiteford

(Residence in Baltimore: No. 1769 N. Gay st St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: ~~December~~ 1 (Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: William Whiteford

11-BIRTHPLACE OF FATHER (State or country): ~~Baltimore~~

12-MAIDEN NAME OF MOTHER: Mary Willingham

13-BIRTHPLACE OF MOTHER (State or country): ~~Baltimore~~

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. T. Riley

(Address) 1639 Broadway

MAY 16 1915 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 14th 1915 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from ~~March~~ bilat, 1914, to, May 14th 1915, that I saw h~~im~~ alive on May 14 1915, and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:

Uraemia 36 hrs
Chr. Nephritis & Arteriosclerosis "

(Duration) yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) W. T. Riley M. D.

May 15, 1915. [Address] 1639 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: Same

19-PLACE OF BURIAL OR REMOVAL: St Mary's Cemetery DATE OF BURIAL: May 17, 1915

20-UNDERTAKER: Robt. J. Tunder ADDRESS: 1242 W. Baltimore

Fate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C85350 HEALTH DEPARTMENT—CITY OF BALTIMORE C85350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. N. Caroline St. ST.; 1128 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. McGrath

(Residence in Baltimore: No. 931 N. Calvert St St.; 2 yrs., mos. ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 3, 1881
(Month) (Day) (Year)

7-AGE, 33 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, ? McGrath

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Ubsinkable

13-BIRTHPLACE OF MOTHER (State or Country). Ubsinkable

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. D. J. Kavanagh

(Address) York Rd. Govans

15- Filed MAY 16 1915, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1915.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1915, to May 15 1915, that I saw him alive on May 14 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. W. Kinton Clift M. D.

May 15, 1915. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 931 N. Calvert St Balto Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Cem. DATE OF BURIAL, ..., 191...

20-UNDERTAKER Julian Cook ADDRESS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

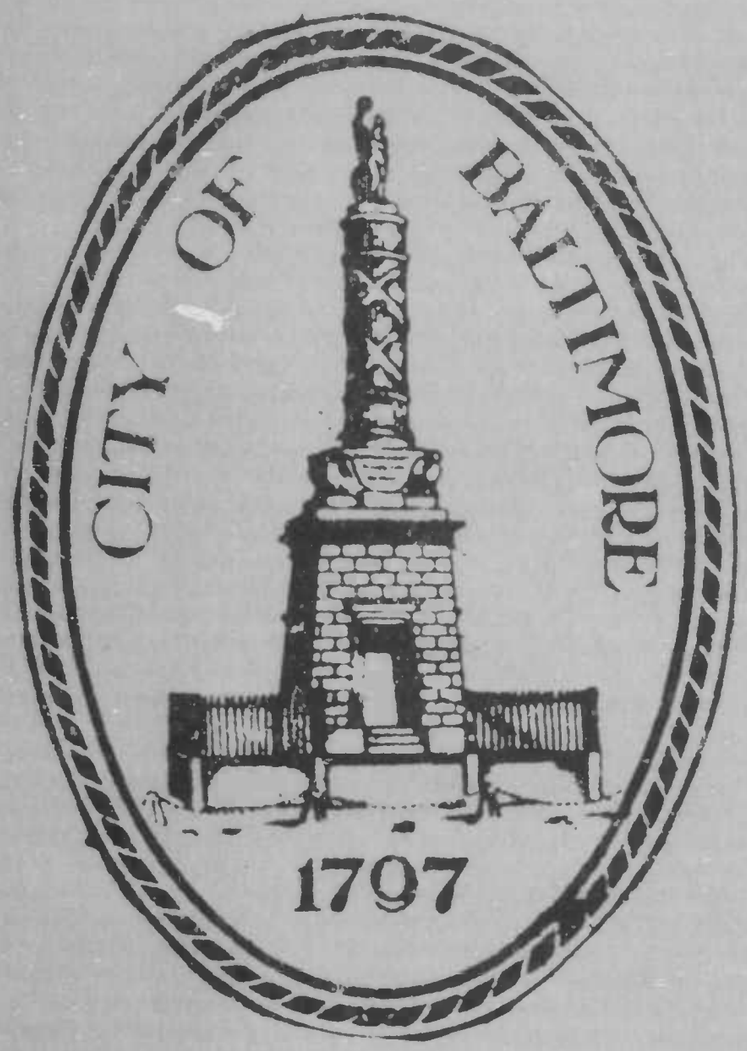
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY OF July 1964 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH C82019- Reg JAN. 15, 1915 AND ENDING WITH C-85350 -Reg. MAY 16, 1915 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L. Pryor



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